

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90080 046 ****50.00

DOCUMENT # L02000021495 1. Entity Name A LITTLE T 'N A, LLC			
Principal Place of Business 801 INTERNATIONAL PARKWAY, 5TH FLOOR LAKE MARY, FL 32746		Mailing Address 801 INTERNATIONAL PARKWAY, 5TH FLOOR LAKE MARY, FL 32746	
2. Principal Place of Business 200 S. Orange Ave. Suite, Apt. #, etc. Suite 1220 City & State Orlando, Florida Zip 32801		3. Mailing Address 200 S. Orange Ave. Suite, Apt. #, etc. Suite 1220 City & State Orlando, Florida Zip 32801	
Country USA		Country USA	
4. FEI Number 02-0642655		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THE BINFORD-TOMELO LAW GROUP, P.A. SUSAN M. BINFORD, ESQ. 801 INTERNATIONAL PARKWAY, 5TH FLOOR LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Kellie E. Tomco, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue Suite 1220 City Orlando FL Zip Code 32801	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		KELLIE E. TOMCO <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMELO, LOUIS J 801 INTERNATIONAL PKWY LAKE MARY, FL 32746	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMELO, KELLIE E 801 INTERNATIONAL PKWY LAKE MARY, FL 32746	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFONSO, JOSE M 132-08 81ST ST OZONE PARK, NY 11417	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFONSO, SANDRA 132-08 81ST ST OZONE PARK, NY 11417	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		KELLIE E. TOMCO <small>Date</small> 4/30/04 <small>Daytime Phone #</small> 401-844-0080	