2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022769

1. Entity Name
LITTLE MANATEE, LLC

Principal Place of Business	Mailing Address
5010 N. COOLIDGE AVENUE	5010 N. COOLIDGE AVENUE
TAMPA, FL 33614	TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

20009272

02022006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number   01-0680665 16-1684409   Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EMERSON, JOHN J
STREET ADDRESS	5010 N COOLIDGE AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	MGR
NAME	PRATT, ERIC S
STREET ADDRESS	5010 N COOLIDGE AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	MGR
NAME	EMERSON, GLENN F
STREET ADDRESS	5010 COOLIDGE AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:_____   FEB. 6, 2006   813-917-8429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #