


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000022769 1. Entity Name LITTLE MANATEE, LLC	
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Principal Place of Business 5010 N. COOLIDGE AVENUE TAMPA, FL 33614	Mailing Address 5010 N. COOLIDGE AVENUE TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1684409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, JOHN J 5010 N COOLIDGE AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRATT, ERIC S 5010 N COOLIDGE AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, GLENN F 5010 COOLIDGE AVE TAMPA, FL 33614
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<p>000000586127 01/16/07-60040-019 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  MANAGER JOHN EMERSON	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		