


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90078 028 \*\*\*138.75

<b>DOCUMENT # L02000022769</b>	
<b>1. Entity Name</b> LITTLE MANATEE, LLC	

<b>Principal Place of Business</b> 5010 N. COOLIDGE AVENUE TAMPA, FL 33614	<b>Mailing Address</b> 5010 N. COOLIDGE AVENUE TAMPA, FL 33614
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<b>2. Principal Place of Business - No P.O. Box #</b> 13507 Westshire Drive	<b>3. Mailing Address</b> 13507 Westshire Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Tampa, FL	<b>City &amp; State</b> Tampa, FL
<b>Zip</b> 33618	<b>Country</b> Hillsborough


<b>6. Name and Address of Current Registered Agent</b>	
NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

<b>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.</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
<b>TITLE</b>	<b>MGR</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<b>MGR</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	EMERSON, JOHN J			<b>NAME</b>	Emerson, John J.		
<b>STREET ADDRESS</b>	5010 N COOLIDGE AVE			<b>STREET ADDRESS</b>	3837 NORTHDAL BLVD, # 23A		
<b>CITY-ST-ZIP</b>	TAMPA, FL 33614			<b>CITY-ST-ZIP</b>	TAMPA, FL 33624		
<b>TITLE</b>	<b>MGR</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<b>MGR</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	PRATT, ERIC S			<b>NAME</b>	Pratt, Eric S.		
<b>STREET ADDRESS</b>	5010 N COOLIDGE AVE			<b>STREET ADDRESS</b>	15329 Westshire Drive		
<b>CITY-ST-ZIP</b>	TAMPA, FL 33614			<b>CITY-ST-ZIP</b>	Tampa, FL 33618		
<b>TITLE</b>	<b>MGR</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<b>MGR</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	EMERSON, GLENN F			<b>NAME</b>	Emerson, Glenn F.		
<b>STREET ADDRESS</b>	5010 COOLIDGE AVE			<b>STREET ADDRESS</b>	13507 Westshire Drive		
<b>CITY-ST-ZIP</b>	TAMPA, FL 33614			<b>CITY-ST-ZIP</b>	Tampa, FL 33618		
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			

**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.**

<b>SIGNATURE:</b> 	<b>02-15-08</b>	<b>813-969-3444</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>

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<b>4. FEI Number</b> 16-1684409	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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