

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90023 039 ****55.00

DOCUMENT # L02000022769

1. Entity Name
LITTLE MANATEE, LLC



Principal Place of Business
**5010 N. COOLIDGE AVENUE
TAMPA FL 33614**

Mailing Address
**5010 N. COOLIDGE AVENUE
TAMPA FL 33614**

2. Principal Place of Business
5010 N. Coolidge Avenue

3. Mailing Address
5010 N. Coolidge Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
01-0680665

Applied For
Not Applicable

Zip Country
33614 U.S.A.

Zip Country
33614 U.S.A.

5. Certificate of Status Desired **XXX** **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **EMERSON, JOHN J**
STREET ADDRESS **3837 NORTHDAL E BOULEVARD PMB 234**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☒ Change ☐ Addition
NAME **5010 N. Coolidge Avenue**
STREET ADDRESS **Tampa, Florida 33614**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **PRATT, ERIC S**
STREET ADDRESS **5521 VAN DYKE ROAD**
CITY-ST-ZIP **LUTZ FL 33549-4883**

TITLE ☒ Change ☐ Addition
NAME **5010 N. Coolidge Avenue**
STREET ADDRESS **Tampa, Florida 33614**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **EMERSON, GLENN F**
STREET ADDRESS **13507 WESTSHIRE DRIVE**
CITY-ST-ZIP **TAMPA FL 33618-2500**

TITLE ☒ Change ☐ Addition
NAME **5010 N. Coolidge Avenue**
STREET ADDRESS **Tampa, Florida 33614**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

02/04/03

(813) 877-7591

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)