

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 06, 2008  
Secretary of State**

DOCUMENT# L03000005811

Entity Name: LITTLESHOT, L.L.C.

**Current Principal Place of Business:**

1801 GULF SHORE BLVD  
501  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1801 GULF SHORE BLVD N  
501  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 98-0420960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BASS, TERRI L  
1020 8TH AVENUE SOUTH  
SUITE 1  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

BASS, TERRI L  
8955 FONTANA DEL SOL WAY  
NAPLES, FL 34109 US

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.

SIGNATURE: TERRI BASS      01/06/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STANANOUGHT, LESLEY JANE  
Address: 1801 GULF SHORE BLVD N #501  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: STANANOUGHT, COLIN  
Address: 1801 GULF SHORE BLVD N #501  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LESLEY STANANOUGHT      MGRM      01/06/2008  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date