

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011610

Entity Name: LITTLE BLUE BUG, L.L.C.

**FILED**  
**Jul 01, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

1695 METROPOLITAN CIRCLE STE. 6  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1695 METROPOLITAN CIRCLE STE. 6  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

DARIOTIS, KRISTIN E  
1695 METROPOLITAN CIRCLE STE. 6  
TALLAHASSEE, FL 32308

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

CLIFT, KRISTIN E  
1695 METROPOLITAN CIRCLE STE. 6  
TALLAHASSEE, FL 32308

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: KRISTIN E. CLIFT

07/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CLIFT, KRISTIN E  
Address: 1695 METROPOLITAN CIRCLE, SUITE 6  
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTIN E. CLIFT

MGRM

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date