

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90034 002 \*\*\*\*50.00

<b>DOCUMENT # L03000032119</b> 1. Entity Name LITTLE GASPARILLA DEVELOPMENT, LLC			
Principal Place of Business 2101 WEST PLATT STREET SUITE #200 TAMPA, FL 33606		Mailing Address KOEHLER & COMPANY, P.A. 1611 WEST PLATT STREET TAMPA, FL 33606	
2. Principal Place of Business		3. Mailing Address 2101 W. PLATT ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #200	
City & State		City & State TAMPA FL	
Zip 33606	Country USA	4. FEI Number 20-0177565	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name KEITH W. KOEHLER Street Address (P.O. Box Number is Not Acceptable) KOEHLER & COMPANY 502 N. ARMENIA AVE City TAMPA FL Zip Code 33609	
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		DATE 4/25/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME SOUTH TAMPA LAND GROUP, INC. <input checked="" type="checkbox"/> Delete STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200 CITY-ST-ZIP TAMPA, FL 33606	TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JOHN LUM STREET ADDRESS 2101 W. PLATT STREET # 200 CITY-ST-ZIP TAMPA, FL 33606		
TITLE MGRM <input type="checkbox"/> Delete NAME TARPON PIER, LLC STREET ADDRESS 512 20TH AVENUE CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ARAM GULUZIAN STREET ADDRESS 2101 W. PLATT STREET #200 CITY-ST-ZIP TAMPA FL 33606		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:		DATE 4/26/05 (813) 258-5478	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	