


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

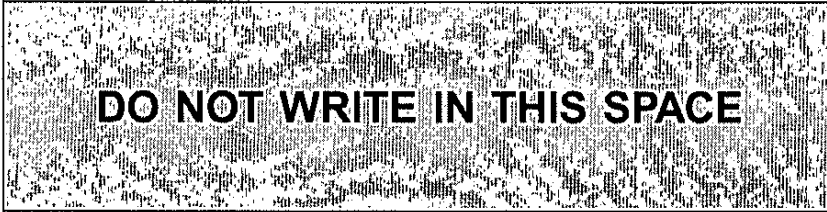
FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000055439 1. Entity Name GARY LITTLE TECHNOLOGIES, LLC	
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Principal Place of Business 509 N 14TH AVE PENSACOLA, FL 32501	Mailing Address P.O. BOX 430 GULF BREEZE, FL 32562-0430
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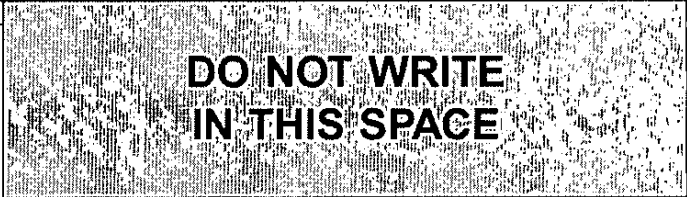
01142008 No Chg-LLC CR2E083 (12/07)



4. FEI Number 45-0529892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANYKO, JOHN A
200 SOUTH TARRAGONA STREET
PENSACOLA, FL 32502



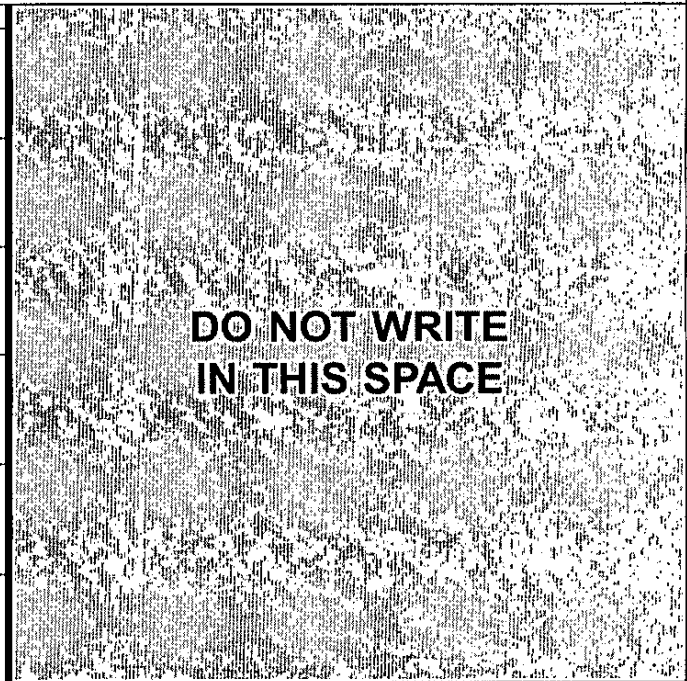
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000788100
01/18/08-80027-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVIOVICH, LESLIE 1890 HILTON AVE. COLUMBUS, GA 31906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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.

SIGNATURE  M.F. Menge III, Bus. Mgr. 01-14-08 (850) 434-8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #