## 2006 LIMITED LIABILITY COMPANY . . . ANNUAL REPORT

## **Secretary of State** DOCUMENT # L04000009027 1. Entity Name L. SMALL ASSOCIATES, LLC U00000460814 03/20/06-80026-003 50.00 Principal Place of Business Mailing Address 105 4TH STREET E. 54014 CENTRAL AVE TIERRA VEROE, FL 33715 SAINT PETERSBURG, FL 33710 02232008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0687928 Not Applicable \$5.00 Additional The second secon 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCATEE, CAROL DO NOT WRITE 5401 CENTRAL AVE ST PETERSBURG, FL 33710 IN THIS SPACE 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 fi applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2008 8. MANAGING MEMBERS/MANAGERS TITLE SMALL, LARRY NAME STREET ADDRESS 105 4TH STREET E. C/TY-S1-7/P TIERRA VERDE, FL 33715 TITLE NAME STREET ADDRESS CITY-ST-ZIP RILE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP The state of the s TITLE NAME STREET ADDRESS

11. 1 hereby certify that the information supplied with this filling 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

NAME STREET ADDRESS COTY-ST-ZIP

3/4/06 727-866-1311

FILED

Mar 09, 2006 08:00 AM