2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DGCUMENT # L04000037909 LICKITY SPLIT, LLC Principal Place of Business Mailing Address **6260 WINTHROP TOWN CENTRE AVE** 6260 WINTHROP TOWN CENTRE AVE RIVERVIEW, FL 33569 RIVERVIEW, FL 33569

FILED Apr 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03292006 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 20-1737528 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, JAMES D 1512 KESTREL WAY BRANDON, FL 33511

		IN I	HIS SPACE	
3. The above named entity submits this statement for the purpose of changing its registered the abligations of registered agent. SIGNATURE Signature, typed or primed name bil registered agent and title it applicable. [NOTE: Registered]		ng its registered office or registered agent, or bo (NOTE: Registered Agent signature required when retraining)	th, in the State of Florida. I am familiar with, and accept 4 - 13 - 06 DATE	
Filing Fee is \$50.00 Due by May 1, 2008			#88888516282 04/28/86-88236-018 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEY, JAMES D 1512 KESTREL WAY BRANDON, FL 33511			
TITLE	MGRM			
NAME	LUTZ, DON			
STREET ADDRESS	1609 HULETT DR	i		
CITY-ST-ZIP	BRANDON, FL 33511			
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NAME		l l		
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11 Descript certify that the information cumulad with this films does not multiple to the grammation contained in Charles 145 Clocks 145 Cloc				

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 eath; that I am a managing member or manager of the limited liability company or the species or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

813-624-6284