


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90054 041 ****50.00

DOCUMENT # L04000060644					
1. Entity Name LITTT, LLC					
Principal Place of Business 16500 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413 US			Mailing Address P.O. BOX 14056 PANAMA CITY BEACH, FL 32413 US		
2. Principal Place of Business		3. Mailing Address P.O. Box 7781			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PANAMA CITY BEACH FL		4. FEI Number 20-1732426	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		03052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent DUNN, GARY 165000 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
DUNN, GARY 165000 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNN, GARY D 16500 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNN, EMILY H 165000 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNN, GARLAND R 165000 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PONS, EDWARD A JR. 165000 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Emily H. Dunn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-19-05 850.235.0146 Date Daytime Phone #		