

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90019 028 ****50.00

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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 7781 PANAMA CITY BEACH, FL 32413 US		
2. Principal Place of Business 16500-A Panama City Beach Pkwy		3. Mailing Address Suite, Apt. #, etc.			
City & State Panama City Beach FL		City & State			
Zip 32413		Country Bay		Zip	
Country		4. FEI Number 20-1732426			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
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) 16500-A Panama City Bch Pkwy City Panama City Beach FL Zip Code 32413		
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 GARY DUNN (NOTE: Registered Agent signature required when reinstating) DATE 4/10/06					
Filing Fee is \$50.00 Due by May 1, 2006		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	<input type="checkbox"/> Delete <input checked="" 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	<input type="checkbox"/> Delete <input checked="" 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	<input type="checkbox"/> Delete <input checked="" 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	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: EMILY H. DUNN				4/10/06 850-235-0146	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	