


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		20034997	
2. Principal Place of Business <i>16500-A Panama City Beach Pkwy</i>	3. Mailing Address	04102006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 20-1732426	
City & State <i>Panama City Beach FL</i>	City & State	Applied For Not Applicable	
Zip <i>32413</i>	Country <i>Bay</i>	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) <i>16500-A Panama City Bch Pkwy</i> City <i>Panama City Beach FL</i> Zip Code <i>32413</i>	
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 <i>GARY DUNN</i>		DATE <i>4/10/06</i>	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16500-A Panama City Bch Parkway</i>
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16500-A Panama City Bch Parkway</i>
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16500-A Panama City Bch Parkway</i>
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16500-A Panama City Bch Parkway</i>
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 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: <i>EMILY H. DUNN</i>		Date <i>4/10/06</i> Daytime Phone # <i>850-235-0146</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	