


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000060644 1. Entity Name LITTT, LLC |  |
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| Principal Place of Business 16500 A PANAMA CITY BCH PKWY PANAMA CITY BEACH, FL 32413 US | Mailing Address P.O. BOX 7781 PANAMA CITY BEACH, FL 32413 US |
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03162007 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-1732426 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DUNN, GARY 16500 A PANAMA CITY BCH PKWY PANAMA CITY BEACH, FL 32413 |
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**DO NOT WRITE
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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUNN, GARY D 16500 A PANAMA CITY BCH PKWY PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUNN, EMILY H 16500 A PANAMA CITY BCH PRKWY PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUNN, GARLAND R 16500 A PANAMA CITY BCH PKWY PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PONS, EDWARD A JR. 16500 A PANAMA CITY BCH PKWY PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/03/07-80005-018 50.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Emily H. Dunn

Date

Daytime Phone #

3. 16. 07