2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085682

BOWLES, PAUL

150 SW DOCKERY LANE

LAKE CITY, FL 32024

Name:

Address:

City-St-Zip:

Entity Name: LITTLE MAN L.L.C.

FILED Mar 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 323 MCALPIN, FL 32062 **Current Mailing Address: New Mailing Address:** P.O. BOX 323 MCALPIN, FL 32062 FEI Number: 20-1931028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMBROS, JOSEPH V 221 S.W. ALOE CT. LAKE CITY, FL 32024 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition AMBROS, JOSEPH V Name: Name: Address: 221 SW ALOE CT. Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CREWS, STACEY Name: Address: 150 SW DOCKERY LANE Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

WRIGHT, HAROLD

324 SW CURTAIN LANE

LAKE CITY, FL 32038

SIGNATURE: JOSEPH V. AMBROS MGRM 03/03/2005