

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121994

FILED
May 01, 2008
Secretary of State

Entity Name: LITTLE FISH HUGE POND, LC

Current Principal Place of Business:

512 SANFORD AVE.
SANFORD, FL 32771

New Principal Place of Business:

309 E FIRST STREET
SANFORD, FL 32771

Current Mailing Address:

512 SANFORD AVE.
SANFORD, FL 32771

New Mailing Address:

309 E 1ST STREET
SANFORD, FL 32771

FEI Number: 20-8096749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REAGAN, MOIRE C
10 SHEOAH BLVD.
#3
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

WISDOM, MOIRE C
3390 N CR 426
GENEVA, FL 32732 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: MOIRE C WISDOM

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REAGAN, MOIRE C
Address: 512 SANFORD AVE.
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Delete
Name: WATKINS, SARA R
Address: 512 SANFORD AVE.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WISDOM, MOIRE C
Address: 309 E FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MOIRE C WISDOM

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date