2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY HAY 1, 2008 4

## May 21, 2008 8:00 am Secretary of State **DOCUMENT # L07000056818** 1. Entity Name 04-25-2008 90017 015 \*\*\*138.75 BERNIE LITTLE MANAGEMENT SERVICES, LLC Principal Place of Business Maiting Address P.O. BOX 5279 OCALA FL 34478-5279 30000 1920 SW 12TH AVENUE OCALA FL 34474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) 4. 5El Number 6 - 0282246 Applied For City & State City & State Not Applicable 3447 I Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOODWIN, JAMES W ESQ. 201 NORTH FRANKLIN STREET, STE. 2000 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** Zip Code 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, typed in printed name of registered again and title if explicable INOTE Relationed Auent sig lature required whom remetating) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE D Ωeleta DUF Change (D) ROSSilion BERNARD LITTE, JR. MAR NAME 1920 SW 12th Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z# OCALA FL 3447 Oelete TITLE Change Addition TITLE HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZP Delete TITLE ☐ Change Addition THE NAME STREET ADDRESS STREET AUDRESS CITY - SE-ZIP CITY-ST-ZIP ☐ Detate time ☐ Change ☐ Addition TITLE HAME HARAS. STREET ADDRESS STREET ADDRESS (31Y-ST-7IP CITY-SI-ZP TITLE ☐ Delete TITLE ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-79P ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

PERWARD LAHIE

**FILED**