

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042717

FILED
May 20, 2009
Secretary of State

Entity Name: LITTLE MANATEE KAYAKING, LLC.

Current Principal Place of Business:

1701 GULF CITY ROAD
LOT #47
RUSKIN, FL 33570 US

New Principal Place of Business:

1646 WHEELHOUSE CIR
RUSKIN, FL 33570 US

Current Mailing Address:

1701 GULF CITY ROAD
LOT #47
RUSKIN, FL 33570 US

New Mailing Address:

1646 WHEELHOUSE CIR
RUSKIN, FL 33570 US

FEI Number: 26-2511406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FLYNN, JAMES
1701 GULF CITY ROAD
LOT #47
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

FLYNN, JAMES P MR
1646 WHEELHOUSE CIR
RUSKIN, FL 33570 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: JAMES P FLYNN

05/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLYNN, JAMES
Address: 1701 GULF CITY ROAD LOT #47
City-St-Zip: RUSKIN, FL 33570 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLYNN, JAMES P MR
Address: 1646 WHEELHOUSE CIR
City-St-Zip: RUSKIN, FL 33570 US

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: JAMES P FLYNN

MGRM

05/20/2009

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