


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90359 044 ****50.00
 05-31-2007 90151 015 *****5.00

| | | | |
|--|---|--|---|
| DOCUMENT # L06000122181 | |  | |
| 1. Entity Name TOO CUTE!, LLC | | | |
| Principal Place of Business 889 S/W GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986 | | Mailing Address 889 S/W GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FINKLE, ROBERT J 889 S/W GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ | | DATE _____ | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FINKLE, ROBERT J 889 S/W GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GUTTA, PATRICK 889 S/W GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRICE, JEFFREY W 889 S/W GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>Robert J. Finkle</u> MANAGER | | Date: <u>4/30/07</u> | Devere Phone #: <u>772-336-1301</u> |

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04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0794795 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required