

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90039 017 \*\*\*\*50.00

0070029

**DOCUMENT # L01000011104**

1. Entity Name  
**LITTLE HOUSE HERITAGE, LLC**



Principal Place of Business      Mailing Address  
**30 CARDINAL COURT**      **PO BOX 1206**  
**STANARDSVILLE VA 22973**      **STANARDSVILLE VA 22973**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2635428**      Applied For  
Not Applicable

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

6... Name and Address of Current Registered Agent      Registered Agent

**COX, JOE B**  
**% COX & NICI**  
**3001 TAMiami TRAIL NORTH, SUITE 100**  
**NAPLES FL 34103**

**James R. Nici**  
**Cox & Nici**  
**1185 Immokalee Rd., Suite 110**  
**Naples, FL 34110**

**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 *James R. Nici*      DATE **4/7/03**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ALLEN, WAYNE T JR.</b> <b>PO BOX 1206</b> <b>STANARDSVILLE VA 22973</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MacBride, Abigail (Allen)</b> <b>P.O. Box 1206</b> <b>Stanardsville, VA 22973</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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 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: *Abigail MacBride (Allen)*      DATE **4/3/03**      DAYTIME PHONE # **434 9856703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      DATE      Daytime Phone #

CR2E083 (10/02)