

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006456

FILED  
Mar 02, 2004  
Secretary of State

Entity Name: LITTLE ELLY, LLC

**Current Principal Place of Business:**

403 OREGON LANE  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

403 OREGON LANE  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 02-0580348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOCK, JOHN R  
403 OREGON LANE  
BOCA RATON, FL 33487

**Name and Address of New Registered Agent:**

ZIC-HOCK, DOREEN T  
403 OREGON LANE  
BOCA RATON, FL 33487 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: DOREEN T. ZIC-HOCK

03/02/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRP ( ) Delete  
Name: HOCK, JOHN  
Address: 403 OREGON LANE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRV ( ) Delete  
Name: ZIE, DOREEN T  
Address: 403 OREGON LN.  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOCK, JOHN  
Address: 403 OREGON LANE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change ( ) Addition  
Name: ZIC-HOCK, DOREEN T  
Address: 403 OREGON LN.  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOREEN T. ZIC-HOCK

MGR

03/02/2004

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