

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006456

FILED
Apr 18, 2005
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:

226 NE 1ST AVENUE
DELRAY BEACH, FL 33444

Current Mailing Address:

403 OREGON LANE
BOCA RATON, FL 33487

New Mailing Address:

226 NE 1ST AVENUE
DELRAY BEACH, FL 33444

FEI Number: 02-0580348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ZIC-HOCK, DOREEN T
226 NE 1ST AVENUE
DELRAY BEACH, FL 33444 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:

04/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOCK, JOHN
Address: 226 NE 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR (X) Change () Addition
Name: ZIC-HOCK, DOREEN T
Address: 226 NE 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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

04/18/2005

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