

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90017 045 ****50.00

DOCUMENT # L04000035559					
1. Entity Name LITTLE BUDDY ENTERPRISES, L.L.C.					
Principal Place of Business 5536 ISLEWORTH COUNTRY CLUB DR. WINDERMERE, FL 34786			Mailing Address 5536 ISLEWORTH COUNTRY CLUB DR. WINDERMERE, FL 34786		
2. Principal Place of Business		3. Mailing Address 1500 PARK CENTER DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FLORIDA		4. FEI Number 20-1110096	
Zip		Zip 32835		Country U.S.A	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent - SHARP, DUDLEY Q JR ESQ 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name: STEVE B HOFMANN Street Address (P.O. Box Number is Not Acceptable): 1500 PARK CENTER DRIVE City: ORLANDO FL Zip Code: 32835		
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: <i>Stephen B Hofmann</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAIN, CYNTHIA B 5536 ISLEWORTH COUNTRY CLUB DR. WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROLLS, LISA E 5536 ISLEWORTH COUNTRY CLUB DR. WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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: <i>Cynthia B Crain, as manager</i>			Date: 5 July 05 Daytime Phone #: 4075637010		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					