


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**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  
 1500 PARK CENTER DRIVE  
 ORLANDO, FL 32835



01072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1110096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOFMANN, STEVE B.  
 1500 PARK CENTER DRIVE  
 ORLANDO, FL 32835

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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	MGRM ROLLS, LISA E 5536 ISLEWORTH COUNTRY CLUB DR. WINDERMERE, FL 34786
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00000822914  
 02/20/08-80016-016-138.75

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:** Stephen B. Hofmann **STEPHEN B. HOFMANN, AUTHORIZED REP** 1/25/08 (407) 230-0737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #