2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000035559

1. Entity Name LITTLE BUDDY ENTERPRISES, L.L.C.



FILED Feb 11, 2008 08:00 Al Secretary of State

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)

4. FE! Number 20-1110096

Applied For Not Applicable \$5.00 Additional

5. Certificate of Status Desired

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	e or registered agent, or both	, in the State of Florida.	I am familiar with, a	and accept
	the obligations of registered agent.				•

SIGNATURE

(NOTE: Registered Agent signature required when reinstation)

DATE

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	CRAIN, CYNTHIA B	
STREET ADDRESS	5536 ISLEWORTH COUNTRY CLUB DR.	
CITY-ST-ZIP C	WINDERMERE, FL 34786	
TITLE "	MGRM"	
NAME	ROLLS, LISA E	
STREET ADDRESS	5536 ISLEWORTH COUNTRY CLUB DR.	
CITY-ST-ZIP	WINDERMERE, FL 34786	
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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 bid 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:

D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STEPHEN B. HOFMANN

AUTHORIZED REP

OB

(407) 230-0737