2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061909

Current Principal Place of Business:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

MGRM

WIELER, SYBILLE

5704 NUTMEG AVE

HUNDERT, JOEL

57 YOUNG STREET

SARASOTA, FL 34231

726 SYMMETRY COURT

DABRINGHAUS, SHIRLEY

() Delete

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() Delete

HAMILTON ONTARIO CANADA,

BOILING SPRINGS, SC 29316

Entity Name: LITTLE HARBOUR, L.L.C.

FILED Apr 08, 2009 Secretary of State

New Principal Place of Business:

5704 NUTMEG AVE SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 5704 NUTMEG AVE SARASOTA, FL 34231 FEI Number: 20-3143575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKER, THEODORE 2033 MAIN STREET, SUITE 100 SARASOTA, FL 34237 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HENTSCHEL, RAINER Name: Name: 106 WEST CLEVELAND BAY CT Address: Address: City-St-Zip: GREENVILLE, SC 29615 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RUBIN-HENTSCHEL, ANN Name: Name: Address: 106 WEST CLEVELAND BAY CT Address: City-St-Zip: GREENVILLE, SC 29615 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WIELER, WOLFGANG Name: Name: Address: 726 SYMMETRY COURT Address: City-St-Zip: BOILING SPRINGS, SC 29316 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

() Change () Addition

SIGNATURE: SHIRLEY DABRINGHAUS MGRM 04/08/2009