


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90193 035 ****50.00

DOCUMENT # L05000089412 1. Entity Name LITTLETOWN, LLC					
Principal Place of Business 3605 OAKVIEW COURT DELRAY BEACH, FL 33445			Mailing Address 3605 OAKVIEW COURT DELRAY BEACH, FL 33445		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 203-44-2605	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HCRM CORP. 2200 NW CORPORATE BOULEVARD STE 401 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u>Robert Hunt</u> 1-31-06 <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 May 1, 2006		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>MR. RICHARD DICKSTEIN</u> <u>3605 OAKVIEW CT.</u> <u>DELRAY BEACH, FL. 33445</u>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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: <u>Richard Dickstein</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1-31-06</u> Daytime Phone # <u>561-488-9217</u>	

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FL Zip Code