

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90048 005 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-3442605

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HCRM CORP.  
2200 NW CORPORATE BOULEVARD STE 401  
BOCA RATON, FL 33431

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME ~~DICKSTREY, RICHARD~~ *DICKSTEIN, RICHARD - incorrect spelling*  
STREET ADDRESS 3605 OAKVIEW CT  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGR  
NAME DICKSTEIN, RICHARD  
STREET ADDRESS 3605 OAKVIEW CT.  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Richard Dickstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-25-07 561-498-9217

Date

Daytime Phone #