


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 003 ****55.00

DOCUMENT # L06000052584			
1. Entity Name THE LITTLE GUY LLC			
Principal Place of Business 6632 HAMLETT LANE ORLANDO, FL 32809		Mailing Address 6632 HAMLETT LANE ORLANDO, FL 32809	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 592277	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando FLA	
Zip	Country	Zip	Country
		32809-2777	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAHAM, WILLIAM C 6632 HAMLETT LANE ORLANDO, FL 32809		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMGR GRAHAM, WILLIAM C 6632 HAMLETT LANE ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 592277 Orlando FLA 32809-2777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William C Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-30-07 407-4606843
Date Daytime Phone #