


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90102 038 *****50.00

| | | |
|--|---------------------|---|
| DOCUMENT # L06000071172 | |  |
| 1. Entity Name LITTLE KLEIN INTERIORS, LLC | | |
| Principal Place of Business 1240 S.E. 12TH COURT OCALA, FL 34471 | | Mailing Address 1240 S.E. 12TH COURT OCALA, FL 34471 |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |



02032007 Chg-LLC CR2E083 (12/06)

| | |
|---|--|
| 4. FEI Number 20-5218646 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| KLEIN, H. RANDOLPH 333 N.W. 3RD AVENUE OCALA, FL 34475 | 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 May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-----------------------|---------------------------------|-----------------------|--|---|
| TITLE NAME | MGR KLEIN, SUSAN P | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1240 S.E. 12TH COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34471 | | CITY-ST-ZIP | | |
| TITLE NAME | MGR LITTLE, JILL | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3412 S.E. 17TH COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34471 | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: Susan P Klein **SUSAN P KLEIN** 2/17/07 352-732-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #