

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000104467

FILED  
Aug 29, 2007  
Secretary of State

Entity Name: LITTLE DOG ENTERPRISES LLC

**Current Principal Place of Business:**

1555 US HIGHWAY 1 SUT 103  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

5925 CARRIAGE LAKE CT  
VERO BEACH, FL 32968 US

**New Mailing Address:**

2450 54TH AVE  
VERO BEACH, FL 32966 US

FEI Number: 20-5837419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: HEALY, STEVE  
Address: 5925 CARRIAGE LAKE CT  
City-St-Zip: VERO BEACH, FL 32968 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HEALY, CAROLE  
Address: 2450 54TH AVE.  
City-St-Zip: VERO BEACH, FL 32966 US

Title: MGRM ( ) Change (X) Addition  
Name: WESTOVER, DELFINA  
Address: 5925 CARRIAGE LAKE CT  
City-St-Zip: VERO BEACH, FL 32968

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.

SIGNATURE: DELFINA WESTOVER

MGRM

08/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date