## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # M02000001036 04-28-2005 90030 019 \*\*\*\*50.00 LITTLE ME RETAIL STORES OF DESTIN, FLORIDA LLC Principal Place of Business Mailing Address 10562 EMERALD COAST PARKWAY WEST 12101 UUPPER POTOMAC INDUSTRIAL PARK 1400000~ **SUITE 104** CUMBERLAND, MD 21502 DESTIN, FL 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 52-2267000 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition SCHWAB, SAMUEL C NAME NAME STREET ADDRESS 12101 UPPER POTOMAS INDUSTRIAL PARK STREET ADDRESS CUMBERLAND, MD 21502 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME SCHWAB, SAMUEL C NAME STREET ADDRESS 44 WEST 77TH STREET APT. 10W STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10024 CITY-ST-ZIP Delete TITLE Change Addition LOWENBERG, MARK A NAME NAME STREET ADDRESS 3 WHITE PINE TERRACE STREET ADDRESS CITY-ST-ZIP WEATOGUE, CT 06089 CITY-ST-ZIP TITLE ■ Delete TITLE ☐ Change ☐ Addition WOLTZEN, HUGH A NAME NAME STREET ADDRESS 245 E. 63RD STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME SCHWAB, DOUGLAS S NAME STREET ADDRESS 835 MACDONALD TERRACE STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Lowel W. Strast Ronald W. S

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

CUMBERLAND, MD 21502

STUART, RONALD W

**DAVIS, WV 26260** 

P.O. BOX 238

CITY - ST - ZIP

STREET ADDRESS

CiTY-ST-ZIP

TITLE

NAME

Ronald W. Stuart 4/26/05

301-72

**FILED** 

Daytime Phone #

☐ Change

■ Addition