## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M02000001036 1. Entity Name LITTLE ME RETAIL STORES OF DESTIN, FLORIDA LLC

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90189 023 \*\*\*\*50.00

LIIILEM	E RETAIL STO	RES OF DES	STIN, FLORIDA LLO	•						
Principal Place of Business 10562 EMERALD COAST PARKWAY WEST SUITE 104 DESTIN, FL 32550			Mailing Address 12101 UUPPER POTOMAC INDUSTRIAL PARK CUMBERLAND, MD 21502							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State			4. FEI Number 52-226			<u> </u>	oplied For ot Applicable
Zip	Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Add	iress of Current R	egistered Agent			7. Name and	Address of New R	egistered	Agent	
					Name					_
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Addr		Street Address	P.O. Box Numbe	er is Not Acceptable	9)		
					City				Zip Cod	<u> </u>
					J Oky			FI	_   Zip 000	
	named entity submits tions of registered age		the purpose of changing its	register	ed office or registe	red agent, or bot	th, in the State of Flo	orida. I am	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed na	ame of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006										
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Fi D	ue by May 1, 200	00 06 NAGING MEMBER	S/MANAGERS	10.				a Departr	nent of Stat	<b>e</b>
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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.

CITY-ST-ZIP

SIGNATURE: MALA W. Stratt County W. Strant 1/29/06 301-729-4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

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