2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000001036

1. Entity Name

LITTLE ME RETAIL STORES OF DESTIN, FLORIDA LLC



FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10562 EMERALD COAST PARKWAY WEST SUITE 104

DESTIN, FL 32550

12101 UUPPER POTOMAC INDUSTRIAL PARK Cumberland, MD 21502

化表质磁盘系统 医细胞



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2267000

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960

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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.

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 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SCHWAB, SAMUEL C
STREET ADDRESS	12101 UPPER POTOMAS INDUSTRIAL PARK
CITY-ST-ZIP	CUMBERLAND, MD 21502
TITLE	COB-
NAME	SCHWAB, SAMUEL C
STREET ADDRESS	44 WEST 77TH STREET APT. 10W
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	VPS
NAME	SCHWAB, DOUGLAS S
STREET ADDRESS	835 MACDONALD TERRACE
CITY-ST-ZIP	CUMBERLAND, MD 21502
TITLE	VPF
NAME	STUART, RONALD W
STREET ADDRESS	P.O. BOX 238
CITY-ST-ZIP	DAVIS, WV 26260
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-7/P	

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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: Royal W. STVars

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

Date

Daytıme Phone #