## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**SIGNATURE:** 

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # M03000000382 04-28-2005 90030 023 \*\*\*\*50 00 LITTLE ME RETAIL STORES OF ORLANDO, FLORIDA LLC Principal Place of Business Mailing Address 8200 VINELAND AVE 12101 UPPER POTMAC INDUSTRIAL PARK **→ ↑**^^0000€0 **SUITE 1143** CUMBERLAND, MD 21502 ORLANDO, FL 32821 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 П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 MGR ☐ Defete TITI F ☐ Change ☐ Addition LITTLE ME RETAIL STORES LLC NAME STREET ADDRESS 12101 UPPER POTMAC INDUSTRIAL PARK STREET ADDRESS CITY-ST-ZIF CUMBERLAND, MD 21502 CITY-ST-ZIP TITLE CEO ☐ Delete TITLE ☐ Change Addition SCHWAB, SAMUEL C NAME NAME 44 WEST 77TH STREET APT 10W STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10024 CITY-ST-ZIP TITLE ☐ 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 SVPC TITLE Delete TITLE ☐ Change ☐ Addition WOLTZEN, HUGH A NAME STREET ADDRESS 245 E. 63RD ST. STREET ADDRESS CITY-ST-ZIF NEW YORK, NY 10021 CITY-ST-ZIF TITLE **VPS** ☐ Delete TITLE ☐ Change Addition NAME SCHWAB, DOUGLAS S NAME STREET ADDRESS 835 MACDONALD TERRACE STREET ADDRESS CITY-ST-ZIP CUMBERLAND, MD 21502 CITY-ST-ZIP TITLE VPF Delete TITI F Change ☐ Addition NAME STUART, RONALD W NAME P.O. BOX 238 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIS, WV 26260** CITY-ST-ZIP 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.

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

FILED