2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000003050

1. Entity Name

LITTLE ME RETAIL STORES OF ST. AUGUSTINE, FLORIDA LLC



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

Principal Place of Business

2700 STATE ROAD 16

SUITE #1003 SAINT AUGUSTINE, FL 32092 Mailing Address

12101 UPPER POTOMAC INDUSTRIAL PARK CUMBERLAND, MD 21502



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 52-2267000 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., STE. 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 applicab

(NOTE: Registered Agent eigneture required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LITTLE ME RETAIL STORES LLC
STREET ADDRESS	12101 UPPER POTOMAC INDUSTRIAL PARK
CITY-ST-ZIP	CUMBERLAND, MD 21502
TITLE	COSD
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
ππε	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-ZIP	

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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

Lon red W. STuest
ON TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-15-07

Date

Daytime Phone #