


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90044 028 ****55.00

DOCUMENT # M05000007129					
1. Entity Name LITTLE THINGS THAT COUNT, LLC					
Principal Place of Business 2135 CHERRY VALE PLACE THE VILLAGES, FL 32162			Mailing Address 2135 CHERRY VALE PLACE THE VILLAGES, FL 32162		
2. Principal Place of Business 591 DENMARK PLACE Suite, Apt. #, etc.			3. Mailing Address 591 DENMARK PLACE Suite, Apt. #, etc.		
City & State THE VILLAGES FL 32162 Zip 32162 Country SUMTER		City & State THE VILLAGES FL 32162 Zip 32162 Country SUMTER		4. FEI Number EIN56-2533393	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN STUART, JANET 2135 CHERRY VALE PLACE THE VILLAGES, FL 32162			7. Name and Address of New Registered Agent Name: STUART, JANET B. Street Address (P.O. Box Number is Not Acceptable): 591 DENMARK PLACE City: THE VILLAGES FL Zip Code 32162		
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: <u>Janet B. Stuart</u> DATE: <u>4/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN STUART, JANET 2135 CHERRY VALE PLACE THE VILLAGES, FL 32162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUART, JANET B. 591 DENMARK PLACE THE VILLAGES FL 32162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Janet B. Stuart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/28/06</u> Daytime Phone #: <u>352-753-0640</u>		

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