

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, Rt 02904-2615 401,222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company fulling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

t. ID No.	2. Exact r	Exact name of the limited liability company						
136577	David L	Little Value Asset Management, LLC						
3. State of Formation 4. Brief description of the character of the business whi				ch is actually conducted in Rhode Island	l			
DELAWARE INVESTMENT ADVISORY								
5. Principal office address 39 Rellevre Ane			Newport	State	<u></u>	C1340		
6. MAILING ADDRES	SS OF LI	MITED LIABILITY (	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		, , ,	
David Little				Moungging Menber				
Street Address Bellema				Varonst	State		05410 Stb	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)								
Man guer Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address				Street Address				
City:		State	Ζίρ	City	State		Zip	
8. RESIDENT AGENT	r in Rho	DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 - 1	R.I.G.L. 7-1	6-11	1	
Agent Name				Address				
DAVID LITTLE								
Address				City Zi <sub>I</sub>		Zip	<i>Tip</i>	
39 BELLEVUE AVENUE				NEWPORT 028		02840-	02840-	
							· · · · · · · · · · · · · · · · · · ·	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	OCT 25 2007
Ву:	By 1098
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and	aftirm that I have examined this report
including any accompanying schedules	and statements, and that all statements
contained herein are true and correct.	
	10.307
Signature of Authorized Person	Date
DAVID J CIT	TUE
Print or Type Name of Authorized Person	1