

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90128 029 ****50.00

DOCUMENT # L01000013883
1. Entity Name
ALL PETS VETERINARY HOSPITAL, L.L.C.



Principal Place of Business: 3188 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990-2641
Mailing Address: 3188 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990-2641

DO NOT WRITE IN THIS SPACE



03232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1135822	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COUGHLAN, MICHAEL V
3188 SW MARTON DOWNS BLVD.
PALM CITY, FL 34990

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUGHLAN, MICHAEL V D.V.M. 3188 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990
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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: Michael V Coughlan DVM 3/23/05 (772) 287-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #