


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000014072
 1. Entity Name
 PAWS ONE, LLC



Principal Place of Business Mailing Address
 520 MOUNTAIN LAKE CUTOFF RD. 520 MOUNTAIN LAKE CUTOFF RD.
 LAKE WALES, FL 33859 LAKE WALES, FL 33859

DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3691003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RYLAND, A. FLEET III DVM
 520 MOUNTAIN LAKE CUTOFF RD.
 LAKE WALES, FL 33859

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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 U00000186675
 01/21/05-80063-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RYLAND, A. FLEET III DVM 520 MOUNTAIN LAKE CUTOFF RD. LAKE WALES, FL 33859
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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)(f), 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: A. Fleet Ryland DVM 1/17/05 863 676-1451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #