

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032462

FILED
Jan 07, 2005
Secretary of State

Entity Name: INTERNATIONAL HOUSE OF PETS L.L.C.

Current Principal Place of Business:

851 HWY. 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

1890 ANDORRA ST
NAVARRE, FL 32566

Current Mailing Address:

851 HWY. 98 EAST
DESTIN, FL 32541

New Mailing Address:

1890 ANDORRA ST
NAVARRE, FL 32566

FEI Number: 71-0924995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELASSAAD, ABDUL
851 HWY. 98 EAST
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

ELASSAAD, ABDUL
1890 ANDORRA ST
NAVARRE, FL 32566 US

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.

SIGNATURE:

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ELASSAAD, ABDUL A MGRM
Address: 851 HWY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: MARKS, HOLLY L MGRM
Address: 851 HWY 98 EAST
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELASSAAD, ABDUL A MGRM
Address: 1890 ANDORRA ST
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Change () Addition
Name: ELASSAAD, HOLLY L MGRM
Address: 1890 ANDORRA ST
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ABDUL ELASSAAD

MGR

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date