


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000033967</b> 1. Entity Name AQUATIC ANIMAL HEALTH COMPANY, L.L.C.	
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Principal Place of Business 6730 WOODSIDE COURT LAKELAND, FL 33813	Mailing Address 6730 WOODSIDE COURT LAKELAND, FL 33813
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**DO NOT WRITE IN THIS SPACE**



04292005No Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1080101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MEDNIA, DANIEL PA  
 464 WEST PIPKIN ROAD, STE. 1  
 LAKELAND, FL 33813

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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	MGR YOSHA, SANDRA 6730 WOODSIDE COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, JEFFREY 6319 CEDAR LANE LAKELAND, FL 33813
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 05/04/05-80024-005 50.00

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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:** *Jeffrey Weiner* **DATE:** 4/28/05 **Daytime Phone #:** 863-619-6440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE