


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036810
 1. Entity Name
HOOF AND PAWS ACRES, LIMITED LIABILITY COMPANY



Principal Place of Business Mailing Address
12909 NW 43RD LANE **12909 NW 43RD LANE**
OCALA, FL 34482 **OCALA, FL 34482**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1149777	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
DONNAN, VICKI
12909 NW 43RD LANE
OCALA, FL 34482

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONNAN, VICKI 12909 NW 43RD LANE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNAN, TERRY 12909 NW 43RD LANE OCALA, FL 34482
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Vicki Donnan **4/27/06** **352-867-5093**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #