


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000036810 1. Entity Name HOOF AND PAWS ACRES, LIMITED LIABILITY COMPANY	
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Principal Place of Business 12909 NW 43RD LANE OCALA, FL 34482	Mailing Address 12909 NW 43RD LANE OCALA, FL 34482
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**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-LLC      CR2E083 (11/05)

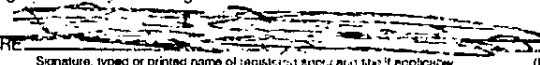
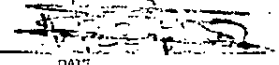
4. FEI Number 20-1149777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DONNAN, VICKI  
12909 NW 43RD LANE  
OCALA, FL 34482

**DO NOT WRITE IN THIS SPACE**

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, 2007**

U00000729202  
05/08/07-80030-013 50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #