

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030938

FILED
Apr 30, 2009
Secretary of State

Entity Name: WILD DOGS INVESTMENT LLC

Current Principal Place of Business:

16711 GARDEN BLVD
CAPE CORAL, FL 33909

New Principal Place of Business:

1515 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

Current Mailing Address:

1575 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 20-4594554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, GARY
16711 GARDEN BLVD
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

BAKER, GARY
1515 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990 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: GARY BAKER

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKER, GARY
Address: 16711 GARDEN BLVD
City-St-Zip: CAPE CORAL, FL 33909

Title: MGR () Delete
Name: GRUDIN, MITCHELL
Address: 2727 ELEANOR WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAKER, GARY
Address: 1515 HANCOCK BRIDGE PKWY
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR (X) Change () Addition
Name: GRUDIN, MITCHELL
Address: 1515 HANCOCK BRIDGE PKWY
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GARY BAKER

MGR

04/30/2009

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