

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079858

Entity Name: OUR DOGHOUSE, LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

1015 SLIGH BLVD.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1015 SLIGH BLVD.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-5630161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHWW, INC.
390 N. ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHLANSKY, EMILY
Address: 1015 SLIGH BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: MUSCATELLO, FRED
Address: 1015 SLIGH BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: WALDROP, ANNA
Address: 1015 SLIGH BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: WEIGEL, KATE
Address: 200 S MYRTLE AVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMILY SCHLANSKY

MGR

04/27/2008

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