


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000011399**  
 1. Entity Name  
**BROWN DOG, L.L.C.**



Principal Place of Business P.O. BOX 1263 SHALIMAR, FL 32579	Mailing Address P.O. BOX 1263 SHALIMAR, FL 32579
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**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3675687</b>	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  
**JINKS, JOHN B**  
**87 MEIGS DR**  
**SHALIMAR, FL 32579**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCAIN, ELEANORE A P.O. BOX 1263 SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JINKS, JOHN B P.O. BOX 1263 SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/28/07-80098-015 50.00

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: John B. Jinks Jr Date: 2/15/07 (850) 651-8454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

**JOHN B. JINKS JR**