2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



FILED Jan 25, 2008 08:00 A Secretary of State

Principal Place of Business

P.O. BOX 1263 Shalimar, FL 32579 Mailing Address

P.O. BOX 1263 SHALIMAR, FL 32579



01082008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number Applied For S9-3675687 Not Applicable

5. Certificate of Status Desired \$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JINKS, JOHN B 87 MEIGS DR SHALIMAR, FL 32579 DO NOT WRITE
IN THIS SPACE

wie obligation of registroid ogenit.			
SIGNATURE.	Signeture, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
THE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCAIN, ELEANORE A P.O. BOX 1263 SHALIMAR, FL 32579		
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM JINKS, JOHN B P.O. BOX 1263 SHALIMAR, FL 32579	01/3	00000798420 0709-80028-015 138,75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		INTHIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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

11. I hereby certify that the information supplied with this fiting 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:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESE

1/22/08

850-651-8454

Davtme Phone