2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# L01000009085

Entity Name: FLORIDA BIG DAWGS, LLC

Current Principal Place of Business:

13176 NORTH DALE MABRY HWY., STE. 202
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13176 NORTH DALE MABRY HWY., STE. 202
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3723593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WAS, THOMAS N
4414 N. CORTEZ AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

WAS, THOMAS N
3410 NORT FLORIDA AVE
TAMPA, FL 33603 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: THOMAS N. WAS 05/23/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WAS, THOMAS N
Address: 13176 NORTH DALE MABRY HWY., STE. 202
City-St-Zip: TAMPA, FL 33618

Title: MGR ( ) Delete
Name: MANIS, MELANIE M
Address: 13176 NORTH DALE MABRY HWY., STE. 202
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: THOMAS N. WAS MGR 05/23/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date