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Secretary of State
05-03-2007 90257 018 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009085

1. Entity Name
FLORIDA BIG DAWGS, LLC

Principal Place of Business	Mailing Address
13176 NORTH DALE MABRY HWY., STE. 202 TAMPA, FL 33618	13176 NORTH DALE MABRY HWY., STE. 202 TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

05012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3723593
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WAS, THOMAS N
3410 NORT FLORIDA AVE
TAMPA, FL 33603

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	MGR
NAME	WAS, THOMAS N
STREET ADDRESS	13176 NORTH DALE MABRY HWY., STE. 202
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	MGR
NAME	MANIS, MELANIE M
STREET ADDRESS	13176 NORTH DALE MABRY HWY., STE. 202
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ✓ T Thomas Was ✓ 4-30-07 ✓ 813-927-1638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #