2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# L01000015717

Entity Name: JENSEN BEACH ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

1315 NE SUNVIEW TERRACE
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

1315 NE SUNVIEW TERRACE
JENSEN BEACH, FL 34957 US

New Mailing Address:

1553 NE ARCH AVENUE
JENSEN BEACH, FL 34957 US

FEI Number: 65-1139261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KREITZ, BRIAN R D.V.M.
1315 NE SUNVIEW TERRACE
JENSEN BEACH,, FL 34957 US

Name and Address of New Registered Agent:

KREITZ, BRIAN R D.V.M.
2382 NE MARLBERRY LANE
JENSEN BEACH,, FL 34957 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: 03/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KREITZ, BRIAN R D.V.M.
Address: 1315 NE SUNVIEW TERRACE
City-St-Zip: JENSEN BEACH, FL 34957 FL

Title: MGRM ( ) Delete
Name: KREITZ, AMY
Address: 2382 NE MARLBERRY LANE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KREITZ, BRIAN R D.V.M.
Address: 2382 NE MARLBERRY LANE
City-St-Zip: JENSEN BEACH, FL 34957 FL

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 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: AMY KREITZ MGRM 03/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date