


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000281</b> 1. Entity Name KLUB LEASH, LLC	
---	---

Principal Place of Business 1238 NW 19TH TERRACE DELRAY BEACH, FL 33445	Mailing Address 1238 NW 19TH TERRACE DELRAY BEACH, FL 33445
---	---

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0553237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  KRUGER, DOUGLAS B 1238 NW 19TH TERRACE DELRAY BEACH, FL 33445
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
---	------------

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	U000000170349 08/18/04-80002-020 50.00
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRUGER, DOUGLAS 1238 NW 19TH TERRACE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME 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 exemption stated in Section 19.07(3)(b), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>-8/12/04 (561) 265-0834</b> <small>Date Daytime Phone #</small>
--	---