

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026483

FILED  
Jun 02, 2004  
Secretary of State

Entity Name: AMERICAN PET RESORT, LLC

**Current Principal Place of Business:**

830-12 A1A NORTH, SUITE 208  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

830-12 A1A NORTH, SUITE 208  
PONTE VEDRA, FL 32082

**New Mailing Address:**

FEI Number: 83-0339925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDSMITH, FRED  
830-12 A1A NORTH, SUITE 208  
PONTE VEDRA, FL 32082

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRP ( ) Delete  
Name: GOLDSMITH, FRED  
Address: 128 LAUREL LN  
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRC ( ) Delete  
Name: CHARLES, FRANK  
Address: 7 SAN BARTOLA DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOLDSMITH, FRED MGRM  
Address: 128 LAUREL LN  
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM (X) Change ( ) Addition  
Name: CHARLES, FRANK MGRM  
Address: 7 SAN BARTOLA DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: FRED GOLDSMITH

MRGM

06/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date