

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033784

FILED
Apr 20, 2006
Secretary of State

Entity Name: HURDDOGS L.L.C.

Current Principal Place of Business:

5920 SW 37TH AVE
FT LAUDERDALE, FL 33312

New Principal Place of Business:

1004 CHARLES ST
PORT ORANGE, FL 32129

Current Mailing Address:

5920 SW 37TH AVE
FT LAUDERDALE, FL 33312

New Mailing Address:

1004 CHARLES ST
PORT ORANGE, FL 32129

FEI Number: 37-1465987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERNATIONAL BUSINESS INCORPORATORS, INC.
8108 SW 103 AVENUE
MIAMI, FL 33173 US

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/MANAGERS:

Title: MGR () Delete
Name: HURD, SHAWN P MR.
Address: 5920 SW 37TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: MGR () Delete
Name: HURD, HEIDE B MRS.
Address: 5920 SW 37TH AVE
City-St-Zip: FT. LUADERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HURD, SHAWN P MR.
Address: 1004 CHARLES ST
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGR (X) Change () Addition
Name: HURD, HEIDE B MRS.
Address: 1004 CHARLES ST
City-St-Zip: PORT ORANGE, FL 32129 US

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: SHAWN HURD

MGR

04/20/2006

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