#### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L02000033839

1. Entity Name HIALEAH P.E.T. MANAGEMENT, LLC

Principal Place of Business Mai

21 W 49TH ST HIALEAH, FL 33012-3709 Mailing Address

2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431 FILED
Jan 21, 2004 08:00 AM
Secretary of State



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01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3763269

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, GEORGE 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431

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	named entity submits this statement for the purpose of cha- ions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DAT€
FI D	lling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET AUDRESS CITY-ST-ZIP	MGRM SCHULMAN, STEPHEN A DR 2300 GLADES RD STE 100W BOCA RATON, FL 33401		UNOOOOOO9449 01/21/04-80013-001 55.00
TITLE NAME STREET ADDRESS CRY-SI-ZIP			
TIFLE			

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: \_

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

George W. Mahoney

SIGNING MANAGING MENDER, OR AUTHORIZED REPRESENTATIVE

-8-2004

561-447-0046

Date

Caythne Phone #