


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90032 037 \*\*\*\*55.00

<b>DOCUMENT # L02000033839</b>	
1. Entity Name <b>HIALEAH P.E.T. MANAGEMENT, LLC</b>	

Principal Place of Business <b>21 W 49TH ST HIALEAH, FL 33012-3709</b>	Mailing Address <b>2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431</b>
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**20038564**

2. Principal Place of Business		3. Mailing Address <b>4710 NW BOCA RATON BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 200</b>	
City & State		City & State <b>BOCA RATON, FL</b>	
Zip	Country	Zip	Country
		<b>33431</b>	<b>USA</b>

04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3763269</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MAHONEY, GEORGE 2300 GLADES ROAD, SUITE 100-W BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULMAN, STEPHEN A DR 2300 GLADES RD STE 100W BOCA RATON, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4710 NW BOCA RATON BOULEVARD BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **GEORGE W. MAHONEY** **4/6/2005** **(561) 998-0688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #