2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L03000015397

Entity Name: DOWNTOWN PET HOSPITAL, LLC

Current Principal Place of Business:

110 WEBER STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

110 WEBER STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-0014410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALIFF, JAMES D.V.M.
110 WEBER STREET
ORLANDO, FL 32803 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: MGRM ( ) Delete
Name: CALIFF, JAMES
Address: 95 SPRINGWOOD TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM ( ) Delete
Name: HIGH, EDWARD O
Address: 1413 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MCCULLY, ANNE C
Address: 1629 DORMONT LANE
City-St-Zip: ORLANDO, FL 32804

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: JAMES CALIFF, DVM MGRM 01/15/2007

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