


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-05-2004 90494 029 ****50.00

DOCUMENT # L03000019071 1. Entity Name "ON GOLDEN PAWS", L.L.C.																	
Principal Place of Business 10114 N.W. 71 STREET TAMARAC, FL 33321			Mailing Address 10114 N.W. 71 STREET TAMARAC, FL 33321														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		03242004 Chg-LLC CR2E083 (10/03) 4. Filing Number 1591590 Applied For Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SOLOMON, JANE K 10114 N.W. 71 STREET TAMARAC, FL 33321													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, 2004		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SOLOMON, JANE K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10114 N.W. 71 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	SOLOMON, JANE K		STREET ADDRESS	10114 N.W. 71 STREET		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	NAME	Delete <input type="checkbox"/>															
NAME	SOLOMON, JANE K																
STREET ADDRESS	10114 N.W. 71 STREET																
CITY-ST-ZIP	TAMARAC, FL 33321																
10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	NAME	Delete <input type="checkbox"/>															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
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: <i>Jane K. Solomon</i> x 3/31/04 Date		954-544-3372 Daytime Phone #													

34003782



Attachment
34003782

TO WHOM IT MAY CONCERN:
DOCUMENT # L03000019071
REFERENCE NUMBER: L03000019071

AS REQUESTED PER YOUR LETTER DATED
APRIL 8, 2004 - I AM RETURNING THE
LLC ANNUAL REPORT FORM WITH BLOCK #4
COMPLETED. YOU HAVE ALREADY RECEIVED
MY CHECK IN THE AMOUNT OF \$50.00.
I APOLOGIZE FOR THE OVERSIGHT.

Sincerely,

James K. Solomon
James K. Solomon
PRESIDENT / MANAGING MEMBER
"ON GOLDEN PAWS," LLC
FBI # 42-1591590