2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# L03000027965

Entity Name: ANIMAL EMERGENCY HOSPITAL OF ST JOHNS COUNTY, LLC

Current Principal Place of Business:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-0316114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LAURA L
100 SURFSIDE AVE
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

WILLIAMS, LAURA L
2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086 US

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: 01/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLIAMS, LAURA L
Address: 100 SURFSIDE AVE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, LAURA L
Address: 2505 OLD MOULTRIE RD
City-St-Zip: ST AUGUSTINE, FL 32086

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: LAURA L WILLIAMS MNGR 01/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date