2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

05-10-2004 90013 007 ****55.00
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FILED
2004 JUN -7 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MOORE CR2E083 (11/03)

DOCUMENT # L03000030471

1. Entity Name
DOOGIE'S FRANCHISE, LLC

Principal Place of Business	Mailing Address
2929 S.E. OCEAN BLVD., BLDG. M, UNIT STUART FL 34996	2929 S.E. OCEAN BLVD., BLDG. M, UNIT STUART FL 34996

2. Principal Place of Business	3. Mailing Address
	11 Farnham Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Waterbury, CT.
Zip / Country	Zip: 06708 Country: New Haven

4. FEI Number: 80-0074105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUFFIELD, W. CHARLES ESQ DEPARTMENT OF STATE
315 E. ROBINSON ST., STE. 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: same
Street Address (P.O. Box Number is Not Acceptable): Gateway Center
Suite 1400
City: Orlando, Fla FL Zip Code: 32801

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	☐ Change ☐ Addition
NAME	Mrs. Aronheim, Roberta M.	NAME	
STREET ADDRESS	11 Farnham Ave.	STREET ADDRESS	
CITY-ST-ZIP	Waterbury Ct. 06708	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Mr. Aronheim, R. Elliot	NAME	
STREET ADDRESS	11 Farnham Ave.	STREET ADDRESS	
CITY-ST-ZIP	Waterbury, Ct. 06708	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Roberta M. Aronheim - Managing Member 5/1/04 203-753-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #