

FILED
May 21, 2007 8:00 am
Secretary of State

04-26-2007 90040 013 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000043451			
1. Entity Name MESSY DOG, L.L.C.			
Principal Place of Business 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715		Mailing Address 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715	
2. Principal Place of Business - No P.O. Box # 1200 OAKLEY SEAVER DRIVE Suite, Apt. #, etc. SUITE 203 City & State CLEMONT, FL Zip 34711 Country U.S.A.		3. Mailing Address 1200 OAKLEY SEAVER DRIVE Suite, Apt. #, etc. SUITE 203 City & State CLEMONT, FL Zip 34711 Country U.S.A.	
03272007 Chg-LLC CR2E083 (12/06)		4. FEI Number 03-0531182 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HESSBURG, DANIEL J 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715		7. Name and Address of New Registered Agent Name MARK J. GRAFF Street Address (P.O. Box Number is Not Acceptable) 1200 OAKLEY SEAVER DRIVE SUITE 203 City CLEMONT FL Zip Code 34711	
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 <u>Mark J. Graff</u> DATE <u>4/16/07</u> Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when re-issuing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HESSBURG, DANIEL J 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MEMBER GRAFF, MARK 1200 OAKLEY SEAVER DR., SUITE 203 CLEMONT, FL 34711 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER, PRESIDENT GRAFF, MARK 1200 OAKLEY SEAVER DRIVE, SUITE 203 CLEMONT, FL 34711 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MEMBER GOUCH, STEVE 1200 OAKLEY SEAVER DRIVE, SUITE 203 CLEMONT, FL 34711 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MEMBER, VICE PRESIDENT GOUCH, STEVE 1200 OAKLEY SEAVER DRIVE, SUITE 203 CLEMONT, FL 34711 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mark J. Graff</u> DATE <u>4/16/07</u> DAYTIME PHONE # <u>352-516-1580</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			