2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L03000056430

Entity Name: LEHIGH CROSSROADS PET HOSPITAL, LLC

Current Principal Place of Business:

5781 LEE BLVD #101
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5781 LEE BLVD #101
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 80-0083560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVER, FITZGERALD DR.
4075 PINE RIDGE ROAD, UNIT 14
NAPLES, FL 34119 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: DVM ( ) Delete
Name: OLIVER, FITZGERALD
Address: 4075 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: DVM (X) Change ( ) Addition
Name: OLIVER, FITZGERALD
Address: 4075 PINE RIDGE RD #14
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify 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: FITZGERALD OLIVER OWNE 01/18/2008

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