


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000000175 1. Entity Name Z - DOG HOLDINGS, LLC |  |
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| Principal Place of Business 2223 ST CHARLES DRIVE CLEARWATER, FL 33764 | Mailing Address 2223 ST CHARLES DRIVE CLEARWATER, FL 33764 |
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02272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 26-0078812 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SIAPNO, CRAIG R 2223 ST CHARLES DRIVE CLEARWATER, FL 33764 |
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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 restate) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

180000461508
03/21/06-80015-00? \$5.00

| 8. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SIAPNO, CRAIG R 2223 ST CHARLES DRIVE CLEARWATER, FL 33764 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SWITZER, ROBERT B 92 HIGHPOINT DRIVE GULF BREEZE, FL 32561 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BABYATSKY, SHELDON M 124 WOODFIELD ROAD TOWNSHIP OF WASHINGTON, NJ 07076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Craig R Siapno 03/04/2006 727 531-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE City Daytime Phone #

CRAIG R SIAPNO