


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000005308  
 1. Entity Name  
 PETER R. HALL, DVM, LLC



Principal Place of Business: 8864 SOUTHEAST 169TH BEAUFORT STREET THE VILLAGES, FL 32162  
 Mailing Address: 8864 SOUTHEAST 169TH BEAUFORT STREET THE VILLAGES, FL 32162

**DO NOT WRITE IN THIS SPACE**



01152006No Chg-LLC CR2E083 (11/05)

4. FCI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HALL, PETER R  
 8864 SOUTHEAST 169TH BEAUFORT STREET  
 THE VILLAGES, FL 32162

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALL, PETER R 8864 SOUTHEAST 169TH BEAUFORT STREET THE VILLAGES, FL 32162
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 01/25/06-80031-006 55.00

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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: Peter R Hall 1/16/06 362-259-5584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #