

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016106

Entity Name: LION PAW, LLC

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

4090 W. GULF DR.
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

Current Mailing Address:

4090 W. GULF DR.
SANIBEL ISLAND, FL 33957

New Mailing Address:

FEI Number: 20-1168211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

URKOVICH, RONALD S ESQ
2323 WOOSTER LANE, STE 3
SANIBEL ISLAND, FL 33957 US

Name and Address of New Registered Agent:

URKOVICH, RONALD S ESQ
2323 WOOSTER LANE, STE 3
SANIBEL ISLAND, FL 33957 US

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: RONALD S. URKOVICH

01/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KRANFELD, JOEL
Address: 4090 W. GULF DR.
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: MGRM () Delete
Name: WROTEN, MEL
Address: PO BOX 151520
City-St-Zip: CAPE CORAL, FL 33915

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRONFELD, JOEL
Address: 4090 W. GULF DR.
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: MGRM (X) Change () Addition
Name: WROTEN, MELVIN
Address: PO BOX 151520
City-St-Zip: CAPE CORAL, FL 33915

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL KRONFELD

MGMR

01/14/2005

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