2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000036810

1. Entity Name

HOOF AND PAWS ACRES, LIMITED LIABILITY COMPANY



FILED Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

12909 NW 43RD LANE OCALA, FL 34482

12909 NW 43RD LANE OCALA, FL 34482



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1149777

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

Daytme Phone #

6. Name and Address of Current Registered Agent

DONNAN, VICKI 12909 NW 43RD LANE OCALA, FL 34482

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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 | | | |
| SIGNATORIE | Signature, typed or printed name of regists/out agest, and title if applicables. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Filling Fee is \$50.00 U00000729202 Due by May 1, 2007 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE - NAME STREET ADDRESS CITY-ST-ZIP | MGR DONNAN, VICKI 12909 NW 43RD LANE OCALA, FL 34482 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DONNAN, TERRY 12909 NW 43RD LANE OCALA, FL 34482 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |