


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90032 026 \*\*\*\*50.00

<b>DOCUMENT # L04000043412</b>	
1. Entity Name <b>ACTIONS - DOG TRAINING DAY &amp; NIGHT CARE CENTER L.L.C.</b>	

Principal Place of Business <b>1111 ST. JOHNS BLUFF ROAD N. JACKSONVILLE, FL 32225</b>	Mailing Address <b>1111 ST. JOHNS BLUFF ROAD N. JACKSONVILLE, FL 32225</b>
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2. Principal Place of Business <b>N/A</b>	3. Mailing Address <b>N/A</b>
Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc. <b>N/A</b>
City & State <b>N/A</b>	City & State <b>N/A</b>
Zip <b>N/A</b>	Country <b>N/A</b>



04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3731137</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>POLLARD, LISA 1111 ST. JOHNS BLUFF ROAD N. JACKSONVILLE, FL 32225</b>	
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7. Name and Address of New Registered Agent	
Name <b>N/A</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b>	
City <b>N/A</b>	Zip Code <b>FL</b>

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, ROBERT B 1604 STOCKTON STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RUSSELL ROBERT B. 1604 STOCKTON ST, Jacksonville FL, 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYD, LESLIE 7247 HIELD DR. JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER LLOYD LESLIE 7247 HIELD DR JACKSONVILLE FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Pollard Lisa 1111 St. Johns Bluff ROAD, Jacksonville FL, 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** Lisa Pollard Lisa Pollard 4/29/05 904-642-1782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #