

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043412

FILED
Apr 09, 2006
Secretary of State

Entity Name: ACTIONS - DOG TRAINING DAY & NIGHT CARE CENTER L.L.C.

Current Principal Place of Business:

1111 ST. JOHNS BLUFF ROAD N.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1111 ST. JOHNS BLUFF ROAD N.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3731137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLARD, LISA
1111 ST. JOHNS BLUFF ROAD N.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUSSELL, ROBERT B
Address: 1604 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: LLOYD, LESLIE
Address: 7247 HIELO DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM () Delete
Name: POLLARD, LISA
Address: 1111 SAINT JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LISA POLLARD

MGRM

04/09/2006

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