

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063945

Entity Name: ISLAND DOGS, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1901 W. CYPRESS CREEK RD.
406
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1901 W. CYPRESS CREEK RD.
406
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

100 S. DIXIE HIGHWAY
202
WEST PALM BEACH, FL 33401

New Mailing Address:

4015 NW 15TH STREET
D110
POMPAÑO BEACH, FL 33069

FEI Number: 20-2735856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOSID, RICHARD G
1901 W. CYPRESS CREEK RD
406
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

CHOSID, RICHARD G
4015 NW 15TH STREET
D110
POMPAÑO BEACH, FL 33069 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: RICHARD G. CHOSID

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VASU, MARK
Address: 2921 NE 28TH STREET, #204
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGR () Delete
Name: DAY, STEPHEN
Address: 10402 NORTH LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

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: MARK VASU

MGR

04/28/2006

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