

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082775

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: PRECIOUS PETS LLC

**Current Principal Place of Business:**

2580 LA CRISTAL CIRCLE  
PALM BEACH GARDENS, FL 33408

**New Principal Place of Business:**

2580 LA CRISTAL CIRCLE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

2580 LA CRISTAL CIRCLE  
PALM BEACH GARDENS, FL 33408

**New Mailing Address:**

2580 LA CRISTAL CIRCLE  
PALM BEACH GARDENS, FL 33410

FEI Number: 86-1123742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMER, CATHRYN D  
2580 LA CRISTAL CIRCLE  
PALM BEACH GARDENS, FL 33408 US

**Name and Address of New Registered Agent:**

COMER, CATHRYN D  
2580 LA CRISTAL CIRCLE  
PALM BEACH GARDENS, FL 33410 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: CATHRYN D COMER

04/24/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COMER, CATHRYN D  
Address: 2580 LA CRISTAL CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33408

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COMER, CATHRYN D  
Address: 2580 LA CRISTAL CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: CATHRYN D COMER

MGR

04/24/2005

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