


# 2006 LIMITED LIABILITY COMPANY . ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90023 005 \*\*\*\*50.00

<b>DOCUMENT # L04000083404</b> 1. Entity Name <b>DOG AND CAT, LLC</b>					
Principal Place of Business <b>1490 TAMiami TRAIL PORT CHARLOTTE, FL 33948</b>			Mailing Address <b>C/O DAVID A. HOLMES, ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business <b>1000 HARBOUR GREEN RD</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PUNTA GORDA FL</b>		City & State			
Zip <b>33983</b>		Country <b>US</b>		Zip	
Country		4. FEI Number <b>20-1903005</b>			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HOLMES, DAVID A ESQ FARR LAW FIRM 99 NESBIT STREET PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KATZ, TODD H 1490 TAMiami TRAIL PORT CHARLOTTE, FL 33948</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KATZ, TODD H. 1000 HARBOUR GREEN ROAD PUNTA GORDA, FL 33983</b> <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	
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
<b>TODD H. KATZ, MANAGER</b>					