

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085841

FILED
Jan 03, 2006
Secretary of State

Entity Name: PAWS ... FOR A MOMENT, LLC

Current Principal Place of Business:

4560 CAZES AVE
NORTH PORT, FL 34287

New Principal Place of Business:

854 EVELYNTON LOOP
THE VILLAGES, FL 32162

Current Mailing Address:

4560 CAZES AVE
NORTH PORT, FL 34287

New Mailing Address:

854 EVELYNTON LOOP
THE VILLAGES, FL 32162

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOLINS, JOAN
4560 CAZES AVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

KOLINS, JOAN
854 EVELYNTON LOOP
THE VILLAGES, FL 32162 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: JOAN KOLINS

01/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: KOLINS, JOAN
Address: 4560 CAZES AVE
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGMR () Delete
Name: LUCIANO, CYTHIA
Address: 2006 7TH AVE W CONDO D
City-St-Zip: BRANDENTON, FL 34205 US

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: KOLINS, JOAN
Address: 854 EVELYNTON LOOP
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGMR (X) Change () Addition
Name: LUCIANO, CYTHIA
Address: 854 EVELYNTON LOOP
City-St-Zip: THE VILLAGES, FL 32162 US

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: JOAN KOLINS

MGMR

01/03/2006

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