

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094388

Entity Name: BROWN DOG DIVERSIFIED LLC

FILED
Jun 13, 2006
Secretary of State

Current Principal Place of Business:

1209 GATEWAY DRIVE
LAKE PARK, FL 33408

New Principal Place of Business:

1330 S. KILLIAN DR
UNIT 1
LAKE PARK, FL 33403

Current Mailing Address:

12894 N. NORMANDY WAY
PALM BEACH GARDENS, FL 33410

New Mailing Address:

2021 N. WATERWAY DR
NORTH PALM BEACH, FL 33408

FEI Number: 20-2084227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FUQUAY, MICHAEL S
12894 N. NORMANDY WAY
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

FUQUAY, MICHAEL S
2021 N. WATERWAY DR
NORTH PALM BEACH, FL 33408 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: MICHAEL FUQUAY

06/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHAEL SCOTT FUQUAY,
Address: 12894 N. NORMANDY WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MICHAEL SCOTT FUQUAY,
Address: 2021 N. WATERWAY DR.
City-St-Zip: NORTH PALM BEACH, FL 33408

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: MICHAEL FUQUAY

MGMR

06/13/2006

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