2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000001387 1. Entity Name A DOG GONE GOOD LLC

FILED Apr 11, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

4087 POPSYTHEWAY TALLAHASSEE, FL 32309 P.O BOX 15452 TALLAHASSEE, FL 32317-5452

DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2058099

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINTERS, MARTHA ANST EMPRYTHE MAY

DO NOT WRITE

| 4007 CROTTHE WAT | | |
|-----------------------|---|--|
| TALLAHASSEE, FL 32309 | | IN THIS SPACE |
| | lons of registered agent. | I am familiar with, and accept of Florida. I am familiar with, and accept |
| 01010110112 | | red Agent signature required when reinstating) DATE |
| FI D | iling Fee is \$50.00 ue by May 1, 2007 | |
| 9, | MANAGING MEMBERS/MANAGERS | The second secon |
| TITLE | MGRM | 1 |
| NAME | WINTERS, MARTHA | |
| STREET ADDRESS | P.O. BOX 15452 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 323175452 | |
| TITLE | | ltmanna |
| NAME | | U00000699615 04/19/07-80049-019 50.00 |
| STREET ADDRESS | | 04/13/07-80043-019 20.00 |
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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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

(850) 906·0930