


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90128 032 \*\*\*\*50.00

DOCUMENT # L05000010834		
1. Entity Name NATURE'S FINEST PET PRODUCTS, LLC		

Principal Place of Business 8541 SE QUAIL RIDGE WAY HOBE SOUND, FL 33455	Mailing Address 8541 SE QUAIL RIDGE WAY HOBE SOUND, FL 33455
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2. Principal Place of Business 8541 SE Quail Ridge Way Suite, Apt. #, etc.	3. Mailing Address 8541 SE Quail Ridge Way Suite, Apt. #, etc.
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City & State Hobe Sound FL	City & State Hobe Sound FL
Zip 33455	Zip 33455
Country U.S.	Country U.S.



08102006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent KATZ, SOL I 8541 SE QUAIL RIDGE WAY HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 \_\_\_\_\_

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KATZ, SOL I 8541 SE QUAIL RIDGE WAY HOBE SOUND, FL 33455 <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	MGR KATZ, CORINNE S 8541 SE QUAIL RIDGE WAY HOBE SOUND, FL 33455 <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
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
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

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.

SIGNATURE:  CORINNE KATZ	Date 8/16/06	Daytime Phone # 772-545-3647
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