

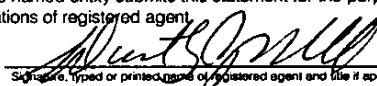
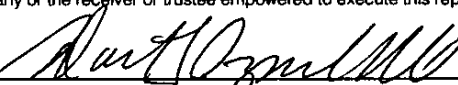


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90034 047 \*\*\*\*50.00

<b>DOCUMENT # L05000033974</b> 1. Entity Name <b>DOC'S KENNELS LLC</b>					
Principal Place of Business 2205 ALPINE AVE. SARASOTA, FL 34239			Mailing Address 2205 ALPINE AVE. SARASOTA, FL 34239		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number				01062006    Chg-LLC    CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>IZMIRLIAN, DOROTHY</b> <b>2205 ALPINE AVE.</b> <b>SARASOTA, FL 34239</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 		DATE <b>1/7/06</b>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IZMIRLIAN, DOROTHY 2205 ALPINE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IZMIRLIAN, DOROTHY 2205 ALPINE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IZMIRLIAN, DOROTHY 2205 ALPINE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IZMIRLIAN, DOROTHY 2205 ALPINE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
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: 		DATE: <b>1/7/06</b>		Daytime Phone #: <b>941-953-6225</b>	