



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

| | |
|---|---|
| DOCUMENT # L05000037085 1. Entity Name CLEVER CANINES LLC |  |
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FILED

08 APR -7 AM 8:00

SECRETARY OF STATE
TALLAHASSEE



| | |
|--|--|
| Principal Place of Business 1546 RANKIN AVE TALLAHASSEE FL 32310 | Mailing Address 1546 RANKIN AVE TALLAHASSEE FL 32310 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |

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|---|--|
| 4. FEI Number 56-2509978 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent HEPPLE, GILLIAN C 1546 RANKIN AVE TALLAHASSEE FL 32310 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|---|--|

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's signature required when requesting)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008, Fee Will Be \$538.75
 Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------|------|-------------------|--|----------------|-----------------|--|-------------|----------------------|--|--|-------|---|---|------|--|--|----------------|--|--|-------------|--|--|
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE: G.C. Hepple 04/07/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #