2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000039444

1. Entity Name
ISLAND DOGS LLC

Principal Place of Business	Mailing Address
4317 PINFISH LANE PALMETTO, FL 34221 US	P O BOX 1660 PALMETTO, FL 34220 US

DO NOT WRITE IN THIS SPACE

04022007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2728327	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, JAMES F JR.
4317 PINFISH LANE
PALMETTO, FL 34221

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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

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEPHENSON, JAMES F JR
STREET ADDRESS	4317 PINFISH LANE
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	MGRM
NAME	KENNEDY, JOSEPH H JR
STREET ADDRESS	1529 43RD AVE. DR. W.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80068-019 50.00

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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: _____   4/12/07

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