2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT** -

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # L05000040744** 03-16-2006 90026 018 ****50.00 1. Entity Name SAULTYDOG, L.L.C. Principal Place of Business Mailing Address 11000046 **4942 PELICAN DRIVE 4942 PELICAN DRIVE NEW PORT RICHEY, FL. 34652 NEW PORT RICHEY, FL 34652** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Cartificate of Status Desired Foo Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAULS, GREGORY 4942 PELICAN DRIVE Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY, FL 34652 City Zip Code 1. 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, typoid or privided name of registered agent and trie if applicable DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. - MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TILE ☐ Delete TITLE ☐ Change ■ Addition NUE SAULS, GREGORY MALES 4942 PELICAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-789 NEW PORT RICHEY, FL 34652 CITY-51-79 MGRM HILE ☐ Delete IIILE ☐ Change ☐ Addition SAULS, JULIA NAME NAME STREET ADDRESS 4942 PELICAN DRIVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- RP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZZP Delete ULF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-78 CITY-ST-ZP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZEP

CICNATURE.

STREET ADDRESS

CITY-ST-78P

13/8/06 GREG SAULS 727-207-8998

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2006

SAULTYDOG, L.L.C. 4942 PELICAN DRIVE NEW PORT RICHEY, FL 34652

Subject: SAULTYDOG, L.L.C.

Reference Number:

___L05000040744

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION

27-0121732