

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State


05-04-2007 90325 001 ***150.00

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DOCUMENT # L05000057832

1. Entity Name
DOG INVESTMENTS, LLC



Principal Place of Business 1301 RIVERPLACED BLVD. 2450 JACKSONVILLE, FL 32207-9037	Mailing Address 1301 RIVERPLACED BLVD. 2450 JACKSONVILLE, FL 32207-9037
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2. Principal Place of Business - No P.O. Box # 8818 Goodbys Executive Drive Jacksonville, Florida 32217	3. Mailing Address Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217
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Zip	Country
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04242007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-2990736	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ANSBACHER & MCKEEL, P.A.
~~1301 RIVERPLACED BLVD.~~
~~2450~~
JACKSONVILLE, FL ~~32207-9037~~

Na _____
St _____
C _____

7. Name and Address of New Registered Agent

Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

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

Filing Fee is \$50.00 Due by May 1, 2007	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	MGRM MACKINNEN, TAMI Z- 1301 RIVERPLACED BLVD #2450 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tami Z. MacKinnon 8818 Goodbys Executive Drive Jacksonville, Florida 32217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William B. Holt 8818 Goodbys Executive Drive Jacksonville, Florida 32217 <input type="checkbox"/> Change <input checked="" 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____