2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000065079 1. Entity Name DOGGY SOD, LLC		FILED 07 APR II PM 4: 16
Principal Place of Business 12572 CAPRI CIRCLE N TREASURE ISLAND, FL 33706 US Mailing Address 12572 CAPRI CIRCLE I TREASURE ISLAND, FL		SLEAN AMY OF STATE FALL ANASSEE, FLORIDA
DO NOT WRITE IN THIS S	SPACE	03132007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 20-3093525 Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required
WADSWORTH, NADINE 12572 CAPRI CIRCLE N TREASURE ISLAND, FL 33706		DO NOT WRITE IN THIS SPACE
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 WADSWORTH, NADINE 12572 CAPRI CIRCLE N TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		900097945709 04/23/0701005004 ***200.00 TY//2 -DO NOT-WRITE IN THIS SPACE
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: Water Water Address: ADDINE WADDINER WADDINER TO SERVICE HANDON FROM THE PROPERTY AND THE PROPER		
SIGNATURE: // WOODS PARTY OF MANAGEMENT OF M		