

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90033 031 \*\*\*\*50.00

<b>DOCUMENT # L05000066003</b> 1. Entity Name <b>THE DOG SALOON TAMPA, LLC</b>					
Principal Place of Business <b>3311 WEST BAY TO BAY BOULEVARD TAMPA, FL 33629</b>			Mailing Address <b>3311 WEST BAY TO BAY BOULEVARD TAMPA, FL 33629</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHURCHFIELD, JAMES</b> <b>3311 WEST BAY TO BAY BOULEVARD</b> <b>TAMPA, FL 33629</b>			Name <b>Matthew M. Richards</b> Street Address (P.O. Box Number is Not Acceptable) <b>3311 West Bay to Bay Blvd.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33629</b>		
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 <b>Matthew M. Richards</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>May 1, 2006</b>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>CHURCHFIELD, JAMES</b> <input checked="" type="checkbox"/> Delete <b>3311 WEST BAY TO BAY BOULEVARD</b> <b>TAMPA, FL 33629</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>RICHARDS, MATTHEW M</b> <input type="checkbox"/> Delete <b>3311 WEST BAY TO BAY BOULEVARD</b> <b>TAMPA, FL 33629</b>		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	
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.					
<b>SIGNATURE: Matthew M. Richards</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>5-1-06 (863) 521-0214</b> <small>Date Daytime Phone #</small>		