


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90020 049 ****50.00

DOCUMENT # L05000069718	
1. Entity Name INNOVATIVE VETERINARY PRODUCTS, LLC	

Principal Place of Business C/O STEVEN P. KUSHNER, ESQ. 14241 METOPOLIS AVE., SUITE 100 FORT MYERS, FL 33912	Mailing Address C/O STEVEN P. KUSHNER, ESQ. 14241 METOPOLIS AVE., SUITE 100 FORT MYERS, FL 33912
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2. Principal Place of Business 5345 CORAL WOOD DRIVE	3. Mailing Address 5345 CORAL WOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34119	Country
Zip 34119	Country

	
04282006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 61-1491592	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 KUSHNER, STEVEN P ESQ. C/O BECKER & POLIAKOFF, P.A. 14241 METOPOLIS AVE., SUITE 100 FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006	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 BAKER, DENA D 5345 CORAL WOOD DRIVE NAPLES, FL 34119 <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	MGRM IRBY, SCOTT 12460 GREEN STONE COURT FORT MYERS, FL 33913 <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
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: Dena Baker **4-28-06** **239-777-7387**

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