


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90307 025 ****50.00

DOCUMENT # L05000070377	
1. Entity Name FABDOG, LLC	

Principal Place of Business 512 S. 9TH STREET FORT PIERCE FL 34950	Mailing Address 512 S. 9TH STREET FORT PIERCE FL 34950
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2. Principal Place of Business - No P.O. Box # 2175 SE 6th Street	3. Mailing Address 2175 SE 6th Street
Suite, Apt. #, etc. Apt A	Suite, Apt. #, etc. Unit A
City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33062	Country USA

1st MOORE CR2E083 (10/06)

4. FEI Number 42-1677656		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JAKAB, CHERYL 512 S. 9TH STREET FORT PIERCE FL 34950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2175 SE 6th ST UNIT A City POMPAÑO BEACH FL Zip Code 33062

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 *Cheyl Jakab* (NOTE: Registered Agent signature required when reinstating) DATE 1-31-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FABISZEWSKI, WALTER J III 8 ASPEN DRIVE CAPE MAY COURTHOUSE NJ 08210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Walter J Fabiszewski III* **WALTER J FABISZEWSKI III / MGRM 2/13/07** **609 780-7220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #