

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119406

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BLACK DOG DISTRIBUTORS, LLC

## Current Principal Place of Business:

102 NE 2ND STREET  
368  
BOCA RATON, FL 33432

## New Principal Place of Business:

3100 NW 2ND AVENUE  
410  
BOCA RATON, FL 33431

## Current Mailing Address:

102 NE 2ND STREET  
368  
BOCA RATON, FL 33432

## New Mailing Address:

3100 NW 2ND AVENUE  
410  
BOCA RATON, FL 33431

FEI Number: 20-3938887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCKENNEY, JOHN  
102 NE 2ND STREET  
368  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCKENNEY, JOHN  
Address: 102 NE 2ND STREET, #368  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: MCKENNEY, JOHN  
Address: 102 NE 2ND STREET, #368  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Change (X) Addition  
Name: FRASER, THOMAS  
Address: 102 NE 2ND STREET, #368  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN MCKENNEY

CEO

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date