

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038480

Entity Name: HEDGEDOG, LLC

FILED  
Sep 05, 2007  
Secretary of State

**Current Principal Place of Business:**

21055 YACHT CLUB DR.  
1606  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21055 YACHT CLUB DR.  
1606  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KING, JON  
21055 YACHT CLUB DR.  
1606  
AVENTURA, FL 33180 US

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: KING, JON  
Address: 21055 YACHT CLUB DR. #1606  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: ROSA, RANDY  
Address: 11802 NORTH ISLAND RD  
City-St-Zip: COOPER CITY, FL 33026

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KING, JONATHAN  
Address: 21055 YACHT CLUB DR. #1606  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHAN KING

MGRM

09/05/2007

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