

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085498

Entity Name: JIMDOG, LLC

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

405 SOUTH PINELLAS AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

301 RIDGE ROAD
PALM HARBOR, FL 34683

Current Mailing Address:

398 LAUREL LANE
PALM HARBOR, FL 34683

New Mailing Address:

301 RIDGE ROAD
PALM HARBOR, FL 34683

FEI Number: 22-3678908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEIS, ERIC
398 LAUREL LANE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

ELIZABETH, SAUL
301 RIDGE ROAD
PALM HARBOR, FL 34683 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: ELIZABETH J. SAUL

01/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAUL, ELIZABETH
Address: 398 LAUREL LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: SAUL, JARED
Address: 405 SOUTH PINELLAS AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAUL, ELIZABETH
Address: 301 RIDGE ROAD
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR (X) Change () Addition
Name: SAUL, JARED
Address: 301 RIDGE ROAD
City-St-Zip: PALM HARBOR, FL 34683

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: ELIZABETH J. SAUL

MGR

01/31/2008

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