

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091755

FILED
Jan 07, 2008
Secretary of State

Entity Name: PADDLEDOG NATION, LLC

Current Principal Place of Business:

3023 SHANNON LAKES NORTH, #102
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3023 SHANNON LAKES NORTH, #102
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 61-1510369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, TIMOTHY J
3023 SHANNON LAKES NORTH, #102
TALLAHASSEE, FL 32309 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: REYNOLDS, WILLIAM
Address: 3023 SHANNON LAKES NORTH, #102
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: O'BRIEN, TIMOTHY J
Address: 3023 SHANNON LAKES NORTH, #102
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: O'BRIEN, DIANNE J
Address: 3023 SHANNON LAKES NORTH, #102
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

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

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

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: TIMOTHY J. O'BRIEN

MGRM

01/07/2008

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