


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000111987 1. Entity Name THE ANIMAL PLACE LLC	
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Principal Place of Business 1927A KNOX MCRAE DR TITUSVILLE, FL 32780	Mailing Address 1765 QUEEN STREET TITUSVILLE, FL 32780
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**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5916829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VREEKEN, ANGELA  
1765 QUEEN STREET  
TITUSVILLE, FL 32780

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000901276  
04/29/08-80062-011 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VREEKEN, ANGELA 1765 QUEEN STREET TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VREEKEN, DAVID 1765 QUEEN STREET TITUSVILLE, FL 32780
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Angela Vreeken Date: 4/14/08 Daytime Phone #: 321-385-9597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #