## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Mar 26, 2007 8:00 am Secretary of State

DOCUMENT # L06000121139  1. Entity Name SARASOTA KENNEL CLUB, LLC						03-26-2007	90305 (	)03 ****5	0.00
Principal Place of Business 5400 BRADENTON RD SARASOTA, FL 34236		Mailing Address 5400 BRADENTON RD SARASOTA, FL 34236				' ~,			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072007	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State		4.5 Numb	- 80743	40	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered	Agent	
NEII SON	CHARLES S			Name					
NEILSON, CHARLES S 2002-B BEACH TRAIL INDIAN ROCK BEACH, FL 33785				Street Address	(P.O. Box Numb	er is Not Acceptable	3)		
			-	City			FL	Zip Cod	e
	named entity submits this statement for	or the purpose of changing its	registere	d office or registe	ered agent, or bo	oth, in the State of Flo		a lamiliar with,	and accept
the obligat	ions of registered agent.								
	Signature, typed or printed name of registered agent	ALANIA ALANESA MATERIA		the same almost an early for					
	Signature, typed or printed name of registered agent	and the ir applicable. [NOTI	E: Registered	Agent signature require	ed when reinstating)		DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2007	ало вве в аррисаоне. (КО П	E: Registered	. Agent signature require	ed when reinstating)		e check	payable to nent of Stat	e
Fi Di	ling Fee is \$50.00		E: Registered	Agent signature require	ed when reinstating)		e check   a Departn	nent of Stat	e
9. TITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBI MGR COLLINS, JACK SR 5400 BRADENTON RD		10. TITLE NAME STREE	ET ADDRESS	d when reinstating)	Florida	e check   a Departn	nent of Stat	e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR COLLINS, JACK SR 5400 BRADENTON RD SARASOTA, FL 34236 MGR	ERS/MANAGERS	10. TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	d when (einstating)	Florida	e check   a Departn	nent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBING MEMBI	ERS/MANAGERS  Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	nd when reinstating)	Florida	e check   a Departn	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBING MEMBI	ERS/MANAGERS  Delete	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check   a Departn	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBING MEMBI	ERS/MANAGERS  Delete  Delete	10.  TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check   a Departn	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBING MEMBI	ERS/MANAGERS  Delete  Delete	10.  TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when (einstating)	Florida	e check   a Departn	Change Change	Addition Addition

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 accurage and hat 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 report as required by Chapter 608, Florida Statutes.

941-355-77 SIGNATURE:

SIGNATURE AND TYPED OF PRINTED IN MAR OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3-5-07