2007 LIMITED LIABILITY COMPANY ANNUAL REPORT		FILED Jan 18, 2007 08:00 AM
DOCUMENT # L99000004152 1. Entity Name BAD DOG CAFE, L.L.C.		Secretary of State
Principal Place of Business Mailing Addres PO BOX 860 PO BOX 860 PANAMA CITY, FL 32401 PANAMA CIT		
DO NOT WRITE IN TH		Image: Status Desired Image: Status Desired Image: Status Desired Image: Status Desired
6. Name and Address of Current Registered Agent BRYANT, ROWLETT W 833 HARRISON AVENUE PANAMA CITY, FL 32401		DO NOT WRITE IN THIS SPACE
Kne 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		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS IIILE MGRM NAME BRYANT, ROWLETT W STREET ADDRESS 833 HARRISON AVENUE CITY-ST-ZIP PANAMA CITY, FL 32401		
TILE NAME STREET ADDRESS CITY-ST-ZIP TILE		U00000591845 01/19/07-80039-023 50.00
NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does no		d in Chanter 119. Florida Statutes I further continue the information
11. I hereby certify that the information supplied with this filling 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. I unther 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. I = 17-07 8550 - 763 - 1787 SIGNATURE: Date on PRINTED NAME of SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date		