

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006057

1. Entity Name
SPANISH TRAIL VETERINARY HOSPITAL, P.L.C.



Principal Place of Business
6801 SPANISH TRAIL
PENSACOLA, FL 32504

Mailing Address
6801 SPANISH TRAIL
PENSACOLA, FL 32504



04222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3599299	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

LEUCHTMAN, GARY B
3 WEST GARDEN STREET, 7TH FLOOR
BLOUNT BUILDING
PENSACOLA, FL 32501

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000157180
05/06/04-80016-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LOVELL, ERIC
STREET ADDRESS	4281 CRAWFORD DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	MGRM
NAME	LOVELL, KIMBERLY
STREET ADDRESS	4281 CRAWFORD DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

E. Lovell Eric Lovell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Mo/Phone #

X 4/28/04

850-479-1838