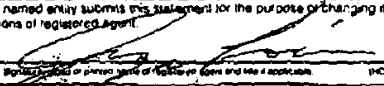


FILED
Mar 27, 2007 8:00 am
Secretary of State

03-13-2007 90120 037 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000000023		
1. Entity Name ANIMAL RECREATION & REHABILITATION CENTER, LLC		
Principal Place of Business 2670 S. FLAMINGO RD. DAVIE, FL 33330	Mailing Address 2670 S. FLAMINGO RD. DAVIE, FL 33330	30003280
DO NOT WRITE IN THIS SPACE		01292007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 65-1079594 Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LOESER, JOYCE 2670 S. FLAMINGO RD. DAVIE, FL 33330		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  2/1/07 By signing, the agent or person named as registered agent and fee is applicable. (CHECK: Registered Agent's signature required with re-issuance) DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
B. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOESER, JOYCE 2670 S. FLAMINGO RD. DAVIE, FL 33330	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  2/2/07 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date (Signature Required)		