2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003283

Title:

Name:

Address:

City-St-Zip:

MGR

() Delete

3601 WHIPPOORWILL BOULEVARD

KRESGE, KATHLEEN

PUNTA GORDA, FL 33950

Entity Name: ALL AMERICAN PET RESORTS LLC

FILED Jan 16, 2007 Secretary of State

(X) Change () Addition

3601 WHIPPOORWILL BOULEVARD

Current Principal Place of Business: New Principal Place of Business: 3601 WHIPPOORWILL BOULEVARD PUNTA GORDA, FL 33950 **Current Mailing Address: New Mailing Address:** 3601 WHIPPOORWILL BOULEVARD PUNTA GORDA, FL 33950 FEI Number: 20-4009268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIMBOLD, ARTHUR 3601 WHIPPOORWILL BOULEVARD PUNTA GORDA, FL 33950 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete RIMBOLD, ARTHUR Name: Name: Address: 3601 WHIPPOORWILL BOULEVARD Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: MGR Title: (X) Change () Addition () Delete MGR Name: RIMBOLD, YOLANDA Name: KRESGE, KATHLEEN Address: 3601 WHIPPOORWILL BOULEVARD Address: 3601 WHIPPOORWILL BOULEVARD City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 Title: MGR () Delete Title: () Change () Addition KRESGE, RICHARD Name: Name: 3601 WHIPPOORWILL BOULEVARD Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Name:

Address:

City-St-Zip:

MGR

RIMBOLD, YOLANDA

PUNTA GORDA, FL 33950

SIGNATURE: ARTHUR RIMBOLD MR 01/16/2007