

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033185

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DATA HOUSING INTERNATIONAL, LLC

**Current Principal Place of Business:**

913 SW 52ND STREET  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M. WICKER, P.A.  
PO DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 20-8733175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: BLANK, ELIZABETH M  
Address: 913 SW 52ND STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: ROEPE, EDWARD S II  
Address: 5268 MANHASSET COURT  
City-St-Zip: DUNWOODY, GA 30338

Title: MGRM ( ) Delete  
Name: PROCK, JULIE A  
Address: 3282 TITAN DRIVE  
City-St-Zip: N. ROYALTON, OH 44133

Title: MGRM ( ) Delete  
Name: PROCK, JOSEPH G  
Address: PO BOX 33136  
City-St-Zip: N. ROYALTON, OH 44133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SUSAN HOLLY

CPA

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date