

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015232

Entity Name: FULL HOUSE, LLC

FILED  
Aug 29, 2008  
Secretary of State

**Current Principal Place of Business:**

1139 LUCAS STREET  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

1139 LUCAS STREET  
HOLIDAY, FL 34691

**New Mailing Address:**

FEI Number: 59-3688051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WALLACE, GEORGE S  
1139 LUCAS ST.  
HOLIDAY, FL 34691      US

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: MGR ( ) Delete  
Name: WALLACE, GEORGE  
Address: 1139 LUCAS STREET  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM (X) Delete  
Name: WALLACE, CYNTHIA  
Address: 1139 LUCAS STREET  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES:**

Title: PRS (X) Change ( ) Addition  
Name: WALLACE, GEORGE  
Address: 1139 LUCAS STREET  
City-St-Zip: HOLIDAY, FL 34691

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: GEORGE S. WALLACE

PRS

08/29/2008

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