


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

05-04-2006 90032 025 ****50.00

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|--|---|---|
| DOCUMENT # L00000015629 1. Entity Name HOOSIER HOLDINGS, L.L.C. | |  |
| Principal Place of Business <i>correct</i> 522 S MARION AVE <i>522 East Marion</i> PUNTA GORDA, FL 33950 | | Mailing Address <i>522 E. Marion Ave</i> 522 S MARION AVE PUNTA GORDA, FL 33950 |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | | City & State |
| Zip | Country | 01262006 Chg-LLC CR2E083 (11/05) |
| 4. FEI Number 65-1062843 | | 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 HOLMES, DAVID A FARR FARR EMERICH SIFRIT HACKETT & CARR PA 99 NESBIT ST PUNTA GORDA, FL 33950 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
| 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. | | FL Zip Code |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OPT JANZ, TIMOTHY A 522 S MARION AVE PUNTA GORDA, FL 33950 | MGR JANZ, TIMOTHY A. 522 S MARION AVENUE PUNTA GORDA, FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date: <i>4/26/06</i> (911) 505-6050 <small>Daytime Phone #</small> |
| TIMOTHY A. JANZ, MANAGER | | |