

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015629

FILED
Apr 24, 2007
Secretary of State

Entity Name: HOOSIER HOLDINGS, L.L.C.

Current Principal Place of Business:

522 EAST MARION AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

522 EAST MARION AVE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1062843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
FARR FARR EMERICH SIFRIT HACKETT & CARR PA
99 NESBIT ST
PUNTA GORDA, FL 33950 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: DVT () Delete
Name: BRINSON, MICHAEL
Address: 610 S OLYMPIA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR (X) Delete
Name: JANZ, TIMOTHY A
Address: 522 S MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: DS (X) Delete
Name: MONENNING, DANIEL
Address: 522 S MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Delete
Name: BONGIOVANNI, JOSEPHINE
Address: 522 S MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JANZ, TIMOTHY A
Address: 522 EAST MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

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 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: TIMOTHY A. JANZ

MGR

04/24/2007

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