2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000003001

1. Entity Name HOUSE, LLC

FILED Mar 05, 2007 08:00 Al Secretary of State

Principal Place of Business

2684 MCDAVID ROAD CRESTVIEW, FL 32526 Mailing Address

2684 MCDAVID ROAD CRESTVIEW, FL 32526



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3741567

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

	5. Name and Address of Current Registered Agent		# *
HOUSE, JAKE D 2684 MCDAVID ROAD CRESTVIEW, FL 32528			DO NOT WRITE IN THIS SPACE
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.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent agreature required when renstating) DATE	
Filing Fee is \$50,00 Due by May 1, 2007		(Any Propherental Angles of Billions and Berlin	000000655311 03/13/07-80101-021 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSE, JAKE D 2684 MCDAVID ROAD CRESTVIEW, FL 32536		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 HOUSE, GERALDINE 2684 MCDAVID ROAD CRESTVIEW, FL 32536	2.5	
TITLE HAMAE STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP			
TITLE NAME STRIET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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			

tute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE