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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/09/03--01058--003 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010844

1. Entity Name
HOUSE CALLS, LLC

Principal Place of Business	Mailing Address
1936 ELM STREET CINCINNATI, OH 45212-2536	48 BOUGAINVILLA BAYSIDE ESTATES FT. MYERS BEACH, FL 33931

2. Principal Place of Business	3. Mailing Address
1936 ELM AVENUE	1936 ELM AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Cincinnati, Ohio
Zip / Country	Zip: 45212 / Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1116992 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARDEN, DARREL 1936 ELM STREET CINCINNATI, OH 452122536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELM AVENUE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARDEN, STEPHANIE 1936 ELM STREET CINCINNATI, OH 452122536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELM AVENUE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: D. Harden, President Stephanie Harden 6-27-03 513-841-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #