

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90036 007 ****50.00

DOCUMENT # L02000021627	
1. Entity Name OUR HOUSE, L.L.C.	

Principal Place of Business FAIRWAYS SEACAPE 97 DESTIN, FL 31906	Mailing Address 6420 SPRINGWATER DRIVE COLUMBUS, GA 31904
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04102006 Chg-LLC CR2E033 (11/05)

4. FEI Number 02-0639584	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAUGHT, BRUCE A 385 HIGHWAY 98 E. SUITE 220 DESTIN, FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

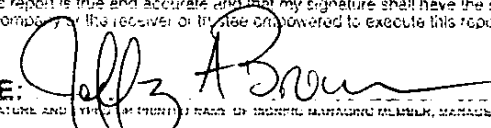
SIGNATURE _____ (NOTE: Registered Agent signature required when changed) DATE _____

**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	MGRM BROWN, JEFFEREY A 6420 SPRINGWATER DRIVE COLUMBUS, GA 31904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, JAMES R 201 SOMERSET DR. GADSDEN, AL 35901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARTRIDGE, DAVID S 1543 WILFUS DR COLUMBUS, GA 31906	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	228 Dogwood Circle Gadsden, AL 35901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UHRICH, JOHN 601 TURRENTINE AVE. GADSDEN, AL 35901	☐ 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

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

*SIGNATURE: 

SIGNATURE AND TITLE OF PERSON IN CHARGE OF RECORDS MANAGING MEMBERS, MANAGERS OR AUTHORIZED REPRESENTATIVE