

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90085 017 ***138.75

DOCUMENT # L02000021627

1. Entity Name

OUR HOUSE, L.L.C.



Principal Place of Business

FAIRWAYS SEACAPE
97
DESTIN FL 31906

Mailing Address

201 SOMERSET DR
GADSDEN AL 35901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

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

7. Name and Address of New Registered Agent

HAUGHT, BRUCE A
385 HIGHWAY 98 E, SUITE 220
DESTIN FL 32541

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 registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
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	MGRM PHILLIPS, JAMES R 201 SOMERSET DR. GADSDEN AL 35901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREEL, DAN 988 CARRINGTON DR MOUNT OLIVE AL 35117	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, SIDNEY 637 RIVERWOOD DR GADSDEN AL 35903	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nes Moss 1329 LARRY LANE GADSDEN, AL 35901	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 Section 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:

Suzanne Phillips

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

3/19/08

Date

(254) 547-5003

System's Printing #