

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021627

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: OUR HOUSE, L.L.C.

**Current Principal Place of Business:**

FAIRWAYS SEACAPE  
97  
DESTIN, FL 31906

**New Principal Place of Business:**

**Current Mailing Address:**

201 SOMERSET DR  
GADSDEN, AL 35901

**New Mailing Address:**

FEI Number: 02-0639584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAUGHT, BRUCE A  
385 HIGHWAY 98 E, SUITE 220  
DESTIN, FL 32541 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: MGRM ( ) Delete  
Name: PHILLIPS, JAMES R  
Address: 201 SOMERSET DR.  
City-St-Zip: GADSDEN, AL 35901

Title: MGRM ( ) Delete  
Name: CREEL, DAN  
Address: 988 CARRINGTON DR  
City-St-Zip: MOUNT OLIVE, AL 35117

Title: MGRM ( ) Delete  
Name: PATTERSON, SIDNEY  
Address: 637 RIVERWOOD DR  
City-St-Zip: GADSDEN, AL 35903

Title: MGRM ( ) Delete  
Name: MOSS, WES  
Address: 1329 LARRY LANE  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: SUZANNE PHILLIPS

MRS.

07/10/2009

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

July 14, 2009  
LO2000021627

To Whom It May Concern,

Last week I received a postcard about filing annual report. I had not received one previously. When filing on-line it said I needed to pay \$400 late fee. I paid it on Friday July 10. Afterward I thought I should have to pay the late fee because I had not received prior notice.

I am requesting to waive the late fee and be reimbursed the \$400.

My confirmation # is 50015836615  
I paid by credit card. Called the contact number and was told to write this letter.

Thank you for consideration

Suzanne Phillips

OUR HOUSE LLC  
201 Somerset Dr,  
GADSDEN, AZ 85901

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SUZANNE Phillips  
(254) 490-1434

(251) 547-5003