

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024697

Entity Name: DRAGON HOUSE, LLC

FILED  
Apr 09, 2009  
Secretary of State

**Current Principal Place of Business:**

7843 CANAL DR.  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7843 CANAL DR.  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 30-0117050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRAGOVICH, GERALDINE  
7843 CANAL DR.  
LAKE WORTH, FL 33467 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: DRAGOVICH, GERALDINE  
Address: 7843 CANAL DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: DRAGOVICH, MICHAEL  
Address: 6933 BRUCE CT  
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM ( ) Delete  
Name: DRAGOVICH, JENNIFER  
Address: 6933 BRUCE CT.  
City-St-Zip: LAKE WORTH, FL 33463

**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:

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: GERALDINE DRAGOVICH

MGRM

04/09/2009

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