

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026859

Entity Name: WITHLACOOCHIEE LLC

FILED  
Apr 06, 2006  
Secretary of State

**Current Principal Place of Business:**

14735 WEST RIVER ROAD  
INGLIS, FL 34449

**New Principal Place of Business:**

**Current Mailing Address:**

14735 WEST RIVER ROAD  
INGLIS, FL 34449

**New Mailing Address:**

FEI Number: 65-1168365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEIBOWITZ, PATRICIA A  
14735 WEST RIVER ROAD  
INGLIS, FL 34449 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: HOUCHIN, PETER D  
Address: 1844 N NOB HILL ROAD #436  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: PATRICIA, HOUCHIN A  
Address: 1844 N NOB HILL ROAD #436  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOUCHIN, PETER D  
Address: 14735 W RIVER ROAD  
City-St-Zip: INGLIS, FL 34449

Title: MGRM (X) Change ( ) Addition  
Name: PATRICIA, HOUCHIN A  
Address: 14735 W RIVER ROAD  
City-St-Zip: INGLIS, FL 34449

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA A HOUCHIN

MMGR

04/06/2006

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