2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT #L02000030705

1. Entity Name
HOUSER INVESTMENTS, LLC

Principal Place of Business	Mailing Address
3705 11TH AVENUE SW NAPLES, FL 34117	3705 11TH AVENUE SW NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

04212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1167484
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A
C/O SIESKY,PILON, & WOOD
1000 TAMIAMI TRAIL NORTH STE. 201
NAPLES, FL 34102

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000159754
05/11/04-80001-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOUSER, JAMES F
STREET ADDRESS	3705 11TH AVENUE SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	MGRM
NAME	HOUSER, CINDY
STREET ADDRESS	4-1 OHTEMACHI 1-CHOME
CITY-ST-ZIP	CHIYODA-KU, TOKYO 100-8144 J,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James F Houser 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #