## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000030705

HOUSER INVESTMENTS, LLC



Mailing Address

Ffrincipal Place of Business 3705 11TH AVENUE SW NAPLES, FL 34117 3705 11TH AVENUE SW NAPLES, FL 34117

## **FILED** Apr 30, 2005 08:00 AM Secretary of State



04252005 No Chg-LLC

CR2E083 (10/03)

234-513-0652

| 4. | FEI Number<br>65-1167484      | - | Applied For<br>Not Applicable |
|----|-------------------------------|---|-------------------------------|
| 5. | Certificate of Status Desired |   | 00 Additional<br>Required     |

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A C/O SIESKY, PILON, & WOOD

SIGNATURE:

## DO NOT WRITE

| NAPLES, I  | IAM! TRAIL NORTH STE. 201<br>FL 34102   | IN T  | HIS SPACE  |
|--|---|---|--|
|  | named entity submits this statement for the purpose of char<br>ions of registered agent.  | nging its registered office or registered agent, or both  | , in the State of Florida. I am familiar with, and accept  |
| SIGNATURE  | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE, Registered Agent signature required when reinstaling)  | DAYE   |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2005   |   |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |   | <del>- ,</del>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>HOUSER, JAMES F<br>3705 11TH AVENUE SW<br>NAPLES, FL 34117  |   | U00000350200   |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP              | MGRM<br>HOUSER, CINDY<br>4-1 OHTEMACHI 1-CHOME<br>CHIYODA-KU, TOKYO 100-8144 J.   |   | 05/02/05-80096-004 50.00   |
| THE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       |   | DO  | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY+SI-ZIP              |   | IN T  | HIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |   |  |
| 11. I hereby of indicated limited lia              | certify that the information supplied with this filing does not coon this report is true and accurate and that my signature should billity company or the receiver or trustee empowered to exec | qualify for the exemption stated in Section 119.07(3)(i) half have the same legal effect as if made under oath, cute this report as required by Chapter 608, Florida St | Florida Statutes. I further certify that the information that I am a managing member or manager of the atutes. |