

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030705

FILED
May 01, 2009
Secretary of State

Entity Name: HOUSER INVESTMENTS, LLC

Current Principal Place of Business:

3705 11TH AVENUE SW
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

3705 11TH AVENUE SW
NAPLES, FL 34117

New Mailing Address:

FEI Number: 65-1167484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOOD, DOUGLAS A
DOUGLAS A WOOD PA
1100 5TH AVE S. SUITE 101
NAPLES, FL 34102 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOUSER, JAMES F
Address: 3705 11TH AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: MGRM () Delete
Name: HOUSER, CINDY
Address: 4-1 OHTEMACHI 1-CHOME
City-St-Zip: CHIYODA-KU, TOKYO 100-8144 J, OC

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HOUSER, CINDY
Address: 1313 COMO AVE SE APT 301
City-St-Zip: MINEAPOLIS, MI 55414 US

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: JAMES F HOUSER

MGRM

05/01/2009

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