

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004495

Entity Name: WIN WIN HOUSE SOLUTIONS, LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

PO BOX 54021  
JACKSONVILLE, FL 32245

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 54021  
JACKSONVILLE, FL 32245

**New Mailing Address:**

FEI Number: 59-3767797      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:**

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

WALKER, K  
1244 MIRAMAR AVENUE  
JACKSONVILLE, FL 322076337 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HATFIELD, PAMELA J  
Address: 216 BRUNSWICK ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR (X) Delete  
Name: ADAMS, JAMES P  
Address: 216 BRUNSWICK ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HATFIELD, PAMELA J  
Address: 3844 ZION ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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

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: PAMELA J HATFIELD

MS

05/01/2006

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