2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOGUMENT # L03000048269

1. Entity Name

WAYNE F HOUSHOLDER LLC

FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

859 BAY DRIVE DOG ISLAND, FL 32322 Mailing Address P.O. BOX 5038

DOG ISLAND CARRABELLE, FL 32322



DO NOT WRITE IN THIS SPACE

04012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-1942384 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

HOUSHOLDER, WAYNE F 859 BAY DRIVE DOG ISLAND, FL 32322

C0Y-S1-7P

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

DO NOT WRITE IN THIS SPACE

					The second secon
	named entity submits this statement for the purpose of char ions of registered agent.		ed office or registered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
SIGNATURE.		5 ! a		د خدید ا	:= `
Signature, typed or printed name of registered agent and title if applicable.		(NOTE. Registered Agent agniture required when reinstating) DATE		DATE	
Fi	iling Fee is \$50.00 ue by Way 1, 2006				
9,	MANAGING MEMBERS/MANAGERS		1		
TUTLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM HOUSHOLDER, WAYNE F 859 BAY DRIVE DOG ISLAND, FL 32322	÷		110000053 05/06/06-80	1114-018 20-00 33332
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TITLE NAME SIRET ADDRESS CITY-ST-ZIP			IN	THIS SPA	CE
THE NAME STREET ADDRESS CATY+SA-ZIP					
DILL NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MEMBER, OR AUTHORIZED REPRESENTATIVE