

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90107 014 ****50.00

DOCUMENT # L03000056986

1. Entity Name
BUY THIS HOUSE, LLC



Principal Place of Business
**7900 S ORANGE BLOSSOM TRAIL #1101
ORLANDO, FL 32809**

Mailing Address
**1014 N SOLANDRA DR
ORLANDO, FL 32807**

2. Principal Place of Business
5506 BARTON DRIVE
Suite, Apt. #, etc.

3. Mailing Address
5506 BARTON DRIVE
Suite, Apt. #, etc.



08232005 Chg-LLC CR2E083 (10/03)

City & State
ORLANDO, FLORIDA
Zip
32807 Country
USA

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ORLANDO FLORIDA
Zip
32807 Country
USA

4. FEI Number
92-0186064 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HADDEN, WILLIAM E
1014 N. SOLANDRA DR.
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name **WILLIAM E. HADDEN**
Street Address (P.O. Box Number is Not Acceptable)
5506 BARTON DRIVE
City **ORLANDO** FL Zip Code
32807

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 **WILLIAM E HADDEN MGRM** **8/23/05**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HADDEN, WILLIAM E**
STREET ADDRESS **1014 N. SOLANDRA DR.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **MGRM** ☐ Delete
NAME **STEPHENS, ROBERT**
STREET ADDRESS **1014 N. SOLANDRA DR.**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **HADDEN, WILLIAM E.**
STREET ADDRESS **5506 BARTON DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **STEPHENS, ROBERT**
STREET ADDRESS **5506 BARTON DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **WILLIAM E. HADDEN MGRM** **08/23/05** **321-663-1906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #