

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006029

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** THE HOUSE CLARICE BUILT, L.L.C.

**Current Principal Place of Business:**

3144 BERWYN WAY  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

3144 BERWYN WAY  
THE VILLAGES, FL 32162

**New Mailing Address:**

13146 GRANDVIEW  
OVERLAND PARK, KS 66213

**FEI Number:** 20-0631395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

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/MEMBERS:**

Title: MGR ( ) Delete  
Name: DENGEL, CLARICE A  
Address: 3144 BERWYN WAY  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGR ( ) Delete  
Name: DENGEL, CAROL M  
Address: 3144 BERWYN WAY  
City-St-Zip: THE VILLAGES, FL 32162

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: DENGEL, CAROL M  
Address: 13146 GRANDVIEW ST.  
City-St-Zip: OVERLAND PARK, KS 66213

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CAROL M. DENGEL

V.P.

04/28/2005

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