

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057278

FILED
Feb 17, 2006
Secretary of State

Entity Name: NOT ONLY UGLY HOUSES, LLC

Current Principal Place of Business:

13042 BRIDLEFORD DRIVE
GIBSONTON, FL 33534

New Principal Place of Business:

Current Mailing Address:

13042 BRIDLEFORD DRIVE
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 20-1413082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLOME, WILLIAM
13042 BRIDLEFORD DRIVE
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

COLOME, HEATHER
13042 BRIDLEFORD DRIVE
GIBSONTON, FL 33534 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: HEATHER COLOME

02/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLOME, WILLIAM
Address: 13042 BRIDLEFORD DRIVE
City-St-Zip: GIBSONTON, FL 33534

Title: MGRM () Delete
Name: CHARTER, HEATHER
Address: 13042 BRIDLEFORD DRIVE
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLOME, HEATHER
Address: 13042 BRIDLEFORD DRIVE
City-St-Zip: GIBSONTON, FL 33534

Title: MGRM (X) Change () Addition
Name: COLOME, WILLIAM
Address: 13042 BRIDLEFORD DRIVE
City-St-Zip: GIBSONTON, FL 33534

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: HEATHER COLOME

MGRM

02/17/2006

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