

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076913

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** THE CLOSING HOUSE, LLC

**Current Principal Place of Business:**

4008 SAFFLOWER TERRACE  
OVIEDO, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 623064  
OVIEDO, FL 32762

**New Mailing Address:**

PO BOX 621419  
OVIEDO, FL 32762

**FEI Number:** 20-3261689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, CINDY  
4008 SAFFLOWER TERRACE  
OVIEDO, FL 32766 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAMPBELL, CINDY  
Address: 4008 SAFFLOWER TERRACE  
City-St-Zip: OVIEDO, FL 32766 US

Title: MGRM ( ) Delete  
Name: CAMPBELL, MICHAEL  
Address: 4008 SAFFLOWER TERRACE  
City-St-Zip: OVIEDO, FL 32766 US

**ADDITIONS/CHANGES:**

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

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:** CINDY CAMPBELL

MGR

03/29/2006

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