

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090395

Entity Name: HSU ENTERPRISES, LLC

FILED
Sep 13, 2006
Secretary of State

Current Principal Place of Business:

5177 DOGWOOD DRIVE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5177 DOGWOOD DRIVE
MILTON, FL 32570

New Mailing Address:

FEI Number: 02-0749007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HSU, CHUN-CHIH
1403 HAMILTON BRIDGE RD
MILTON, FL 32570 US

Name and Address of New Registered Agent:

HSU, CHUN-CHIH
6387 HAMILTON BRIDGE RD
MILTON, FL 32570 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: _____

09/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HSU, CHUN-CHIH
Address: 1403 HAMILTON BRIDGE ROAD
City-St-Zip: MILTON, FL 32570

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HSU, CHUN-CHIH
Address: 6387 HAMILTON BRIDGE ROAD
City-St-Zip: MILTON, FL 32570

Title: MGR () Change (X) Addition
Name: WU, JUI-CHUAN
Address: 6387 HAMILTON BRIDGE ROAD
City-St-Zip: MILTON, FL 32570

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: JUI-CHUAN WU

MGR

09/13/2006

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