

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000106918 1. Entity Name HOUSER INSURANCE LLC	
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Principal Place of Business 4539 MILE STRETCH DRIVE HOLIDAY, FL. 34690	Mailing Address 4539 MILE STRETCH DRIVE HOLIDAY, FL. 34690
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02092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3725123	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDSON, GREGORY W 2121 N.E. COACHMAN RD. CLEARWATER, FL 33765	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

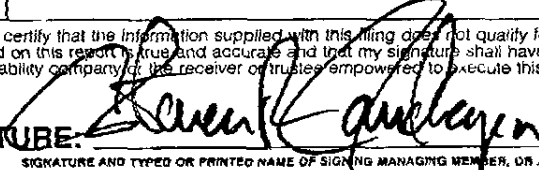
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RICHARDSON, GREGORY W 1503 PARILLA CIRCLE TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SANDBERGEN, STEVEN R 2701 GLENBROOK DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FREEMAN, WILLIAM M 6204 ROCK ROSS AVENUE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LUDY, JEFFERY 6204 ROCK ROSS AVENUE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TURNER, MARTIN 1622 PINK GUARA CIURT TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

1100000434446
02/25/06-80002-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **02/13/06 727-442-001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #