2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000106918

1. Entity Name
HOUSER INSURANCE LLC

Principal Place of Business	Mailing Address
4539 MILE STRETCH DRIVE HOLIDAY , FL., 34690	4539 MILE STRETCH DRIVE HOLIDAY , FL., 34690

DO NOT WRITE IN THIS SPACE

02092006 No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

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

100000434446
02/25/06-80002-013 50.00

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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 — Date — Daytime Phone #