# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000106923

1. Entity Name
HOUSER PROPERTIES LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4539 MILE STRETCH DRIVE<br>HOLIDAY, FL 34690 | 4539 MILE STRETCH DRIVE<br>HOLIDAY, FL 34690 |

02092006 No Chg-LLC CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-3725099
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARSON, GREGORY W
2121 N.E. COACHMAN ROAD
CLEARWATER, FL 33765

**DO NOT WRITE IN THIS SPACE**

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 COURT |
| CITY-ST-ZIP | TRINITY, FL 34655 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000434455
02/25/06 80002-022 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:** _____ 2/13/06 727-442-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #