

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106923

Entity Name: HOUSER PROPERTIES LLC

FILED  
Mar 11, 2009  
Secretary of State

**Current Principal Place of Business:**

4539 MILE STRETCH DRIVE  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

4539 MILE STRETCH DRIVE  
HOLIDAY, FL 34690

**New Mailing Address:**

FEI Number: 20-3725099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHARSON, GREGORY W  
2121 N.E. COACHMAN ROAD  
CLEARWATER, FL 33765 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: MGRM ( ) Delete  
Name: RICHARDSON, GREGORY W  
Address: 1503 PARILLA CIRCLE  
City-St-Zip: TRINITY, FL 34655

Title: MGRM ( ) Delete  
Name: SANDBERGEN, STEVEN R  
Address: 2701 GLENBROOK DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete  
Name: FREEMAN, WILLIAM M  
Address: 6204 ROCK ROSS AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES:**

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

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 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: GREG RICHARDSON

MMBR

03/11/2009

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