## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 04, 2008 8:00 am Secretary of State

1. Entity Narr	MENT # L05000110 Haus, LLC	0550			04-04-2008	3 90132 050 ***	138.75
Principal Place of Business 3560 AMBASSADOR DR WELLINGTON, FL 33414  Mailing Address 3560 AMBASSADOR DR WELLINGTON, FL 33414					6001	9551	
2. Principal Place of Business - No P.O. Box # 15050 Golden Point Lane		3. Mailing Address 15050 Golden Point Lane		ne			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0220200	3 Chg-LLC	CR2E083 (12/06	5)
City & State Wellington, Florida		City & State Wellington, Florida		4. FEI Nun 39-84	nber 43743	<del>1 1</del>	Applied For Not Applicable
Zip <b>33414</b>	Country Palm Beach	Zip 33414	Country Palm Bea	ch	ite of Status Desired	□ \$5.00 A Fee Requ	
	6. Name and Address of Curren	t Registered Agent	Name		nd Address of New f	Registered Agent	
VAN DYKE	E HOLTGERS, ELLEN		Name				
3560 AMB	ASSADOR DR TON, FL 33414		Street 150	Address (P.O. Box Nur <b>50 Golden P</b> o	s (P.O. Box Number is Not Acceptable) olden Point Lane		
			Ei\X₁	lington		FL 334	Aqs.
8. The above	named entity submits this statement f	for the purpose of changing it			ooth, in the State of Fl		
the obligat	tions of registered agent.		-	-			
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NC	TE: Registered Agent sign	ature required when reinstating)		DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7			•		te check payable to a Department of St	
		5	10.			a Department of St	
After May	y 1, 2008 Fee will be \$538.7  MANAGING MEMB	PS   SERS/MANAGERS   Delete			Florid	a Department of St	ate
9. TITLE NAME	MANAGING MEMB MGRM VAN DYKE HOLTGERS, ELLEN	PS   SERS/MANAGERS   Delete	10. TITLE NAME	15050 Colde	Florid	A Department of St.  /CHANGES  Change	ate
9.	y 1, 2008 Fee will be \$538.7  MANAGING MEMB	PS   SERS/MANAGERS   Delete	10.	15050 Colde	ADDITIONS en Point La	A Department of St.  /CHANGES  Change	ate
9. IIILE NAME STREET ADDRESS	MANAGING MEMB MGRM VAN DYKE HOLTGERS, ELLEN 3560 AMBASSADOR DR	PS   SERS/MANAGERS   Delete	10. TITLE NAME STREET ADDRESS	15050 Golde	ADDITIONS en Point La	A Department of St.  /CHANGES  Change	ate Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGRM VAN DYKE HOLTGERS, ELLEN 3560 AMBASSADOR DR	BERS/MANAGERS  Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	15050 Golde Wellington	ADDITIONS en Point La	a Department of St /CHANGES Change	ate Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MANAGER OR AUTHORIZED REPRESENTATIVE

02/20/2008 (561) 832-9292

Daytime Phone #

Date