


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

03-05-2007 90281 036 ***150.00

DOCUMENT # L06000094749 1. Entity Name MARK ALSHOUSE STUCCO, LLC			
Principal Place of Business 1623 15TH STREET ST. CLOUD, FL 34769		Mailing Address 1623 15TH STREET ST. CLOUD, FL 34769	
2. Principal Place of Business - No P.O. Box # 1623 15th Street Suite, Apt. #, etc.		3. Mailing Address 1623 15th Street Suite, Apt. #, etc.	
City & State St Cloud FL		City & State St Cloud FL	
Zip 34769		Zip 34769	
Country U.S.		Country USA	
4. FEI Number 205621927		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HEMPHILL, JAMES 1134 NEW YORK AVE. ST. CLOUD, FL 34769		7. Name and Address of New Registered Agent Name Mark Alshouse Street Address (P.O. Box Number is Not Acceptable) 1623 15th Street City ST. CLOUD FL Zip Code 34769	
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 <u><i>MR Alshe</i></u>		DATE 3-2-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALSHOUSE, MARK 1623 15TH STREET ST. CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>MR Alshe</i></u>		DATE 3-2-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	