

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006013

FILED
Apr 25, 2008
Secretary of State

Entity Name: HAUCA LLC

Current Principal Place of Business:

615 CHANNELSIDE DRIVE
TAMPA, FL 33602

New Principal Place of Business:

615 CHANNELSIDE DRIVE
118
TAMPA, FL 33602

Current Mailing Address:

615 CHANNELSIDE DRIVE
TAMPA, FL 33602

New Mailing Address:

615 CHANNELSIDE DRIVE
118
TAMPA, FL 33602

FEI Number: 84-1723527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUCA, CONRAD
15132 PRINCEWOOD LN.
LAND O'LAKES, FL 34638 US

Name and Address of New Registered Agent:

HAUCA, CONRAD
615 CHANNELSIDE DR
118
TAMPA, FL 33602 US

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: CONRAD HAUCA

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAUCA, CONRAD
Address: 15132 PRINCEWOOD LN.
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGR () Delete
Name: HAUCA, DENISE
Address: 15132 PRINCEWOOD LN.
City-St-Zip: LAND O'LAKES, FL 34638

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAUCA, CONRAD
Address: 615 CHANNELSIDE DR, SUITE 102
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change () Addition
Name: HAUCA, DENISE
Address: 615 CHANNELSIDE DR, SUITE 102
City-St-Zip: TAMPA, FL 33602

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: CONRAD HAUCA

PRES

04/25/2008

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