

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 21, 2009  
Secretary of State**

DOCUMENT# L07000006013

Entity Name: HAUCA LLC

**Current Principal Place of Business:**

615 CHANNELSIDE DRIVE  
118  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

615 CHANNELSIDE DRIVE  
118  
TAMPA, FL 33602

**New Mailing Address:**

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  
615 CHANNELSIDE DR  
118  
TAMPA, FL 33602 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: HAUCA, CONRAD  
Address: 615 CHANNELSIDE DR, SUITE 102  
City-St-Zip: TAMPA, FL 33602

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

**ADDITIONS/CHANGES:**

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: CONRAD HAUCA

PRES

03/21/2009

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