

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051407

Entity Name: A PRETTY HOUSE, LLC

FILED
Jul 06, 2008
Secretary of State

Current Principal Place of Business:

294 N. CHARTLEY CT.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

PO BOX 19055
SARASOTA, FL 34276

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EMSHOFF, CYNTHIA L
294 N. CHARTLEY CT.
SARASOTA, FL 34232 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EMSHOFF, CYNTHIA L
Address: 294 N. CHARTLEY CT.
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: EMSHOFF, KEN
Address: 4481 BACCHARIS WAY
City-St-Zip: SARASOTA, FL 34241

Title: MGRM () Delete
Name: EMSHOFF, JOAN
Address: 4481 BACCHARIS WAY
City-St-Zip: SARASOTA, FL 34241

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: CYNTHIA L. EMSHOFF

MS.

07/06/2008

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