## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # L07000122848  1. Entity Name POWERHOUSE AUCTIONS, L.L.C.						03-10-2008 90	0336 038 *	**138.7	5
Principal Place 503 PINE HII EUSTIS, FL 3	LL STREET	Mailing Address 503 PINE HILL STREET EUSTIS, FL 32726						lade Braits call	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	· · - · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272008	Chg-LLC	CI32E083	(12/06)		
City & State		City & State		4. FEI Numb 06-1831				plied For Applicable	
Zíp	Country	Zip Count		try	5. Certificate	of Status Desired		5.00 Add e Required	itional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	legistered Age	ent	
MACON	ACD AD ALL			Name					
MASON, BARBARA H 503 PINE HILL STREET				Street Address (P.O. Box Number is Not Acceptable)					
EUSTIS, FL 32726 3			}		<del> </del>			,	
				<b>*</b> , , , , ,					
				City	FL Zip Code				
	named entity submits this statement for ions of registored agent.	the purpose of changing its re	egistere	ed office or reg	istered agent, or bo	th, in the State of Flo	orida. Tam fam	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	d Agent signature re	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
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			10.				a Departmen		· · · · · · · · · · · · · · · · · · ·
After May 9. THE	, 1, 2008 Fee will be \$538.75  MANAGING MEMBEI  MGR		TITLE			Florida	a Departmen /CHANGES		a Addition
9. TIFLE NAME STREET ADDRESS	MANAGING MEMBEI MGR MASON, BARBARA H 503 PINE HILL STREET	RS/MANAGERS	TITLE NAME STREE	ET ADORESS		Florida	a Departmen /CHANGES	t of State	<del> </del>
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR MASON, BARBARA H	RS/MANAGERS	NAME STREE CHY-	E FT ADDRESS -ST-ZIP		Florida	a Departmen /CHANGES	t of State	Addition
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11. Thereby 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 fluis 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.



BARBARA H MASON, MGRM

02/27/2008

352-408-7726

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