
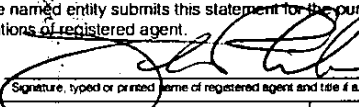
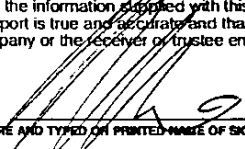


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90094 037 ****50.00

DOCUMENT # L99000004427 1. Entity Name HOUCHIN-O'DEAN LLC																													
Principal Place of Business 700 INDUSTRIAL BLVD NAPLES, FL 34104			Mailing Address 700 INDUSTRIAL BLVD NAPLES, FL 34104																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
PAULICH III, JOHN 801 ANCHOR-RODE-DRIVE STE 203 NAPLES, FL 34103				Name Corporate Registered Agent, LLC Street Address (P.O. Box Number is Not Acceptable) 5147 Castella Drive City Naples FL Zip Code 34103																									
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 40%; text-align: right;"> JOHN PAULICH III MGM 4/21/05 <small>DATE</small> </div> </div>																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOUCHIN, ROBERT E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>140 TAHITI STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34113</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	HOUCHIN, ROBERT E		STREET ADDRESS	140 TAHITI STREET		CITY-ST-ZIP	NAPLES, FL 34113		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				4-18-05 239 643-1783 <small>Date Daytime Phone #</small>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													