

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005702

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** VIRGINIA L. HOUGLAND, L.L.C.

**Current Principal Place of Business:**

520 SANTA ROSA BOULEVARD #601  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

113 SOUTH SUNSET CIRCLE  
HOPKINSVILLE, KY 42240

**New Mailing Address:**

FEI Number: 59-3600456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOUGLAND, VIRGINIA L  
520 SANTA ROSA BOULEVARD #601  
FORT WALTON BEACH, FL 32548 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOUGLAND, VIRGINIA L  
Address: 520 SANTA ROSA BOULEVARD #601  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM ( ) Delete  
Name: BROWNING, LARRY A  
Address: 520 SANTA ROSA BOULEVARD #601  
City-St-Zip: FORT WALTON BEACH, FL 32548

**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 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 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: VIRGINIA L. HOUGLAND

MGRM

02/16/2005

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