


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90038 010 ****50.00

DOCUMENT # M05000005717		
1. Entity Name STOCKHAUSEN, LLC		

Principal Place of Business 2401 DOYLE STREET GREENSBORO, NC 27406	Mailing Address 2401 DOYLE STREET GREENSBORO, NC 27406
--	--

2. Principal Place of Business 1500 Pinecroft Road Suite, Apt. #, etc. Sz 300 Asheville Bldg. City & State Greensboro, NC Zip 27407 Country US	3. Mailing Address 1500 Pinecroft Road Suite, Apt. #, etc. Sz 300 Asheville Bldg. City & State Greensboro, NC Zip 27407 Country US
---	---



04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0626950	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


I, the undersigned, hereby submit 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 content and registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MENK, SIEGFRIED 2401 DOYLE STREET GREENSBORO, NC 27406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MESSNER, BERNFRIED 2401 DOYLE STREET GREENSBORO, NC 27406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VINOCUR, PETER A 23700 CHAGRIN BLVD. BEACHWOOD, OH 44122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, GARY 2401 DOYLE STREET GREENSBORO, NC 27406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby 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 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 	Date 4/18/06	Daytime Phone # 336-834-4792
---	---------------------	-------------------------------------