


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

| | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L05000083659 1. Entity Name 347 - CERTIFIED INSPECTIONS LLC |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 3474 LAKEVIEW DR DELRAY BEACH, FL 33445 | Mailing Address 3474 LAKEVIEW DR DELRAY BEACH, FL 33445 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04072007 No Chg-LLC CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-3354496 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

EAST, RALPH H
 3474 LAKEVIEW DR
 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

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.

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

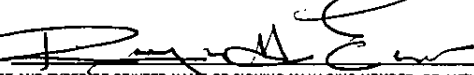
**Filing Fee is \$50.00
 Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EAST, RALPH H 3474 LAKEVIEW DR DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EAST, LEONORA 3474 LAKEVIEW DR DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EAST, DAWN M 1300 SABAL LAKES ROAD DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

1100000726152
 05/03/07-80051-013 150.00

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:  **04.19.2007** **561 4983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #