

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003696

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: FULL FOCUS HOME INSPECTIONS, LLC

**Current Principal Place of Business:**

6008 2ND STREET  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

6008 2ND STREET  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

SEVILLE, ROBERT JR  
6008 2ND STREET  
TAMPA, FL 33611 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEVILLE, ROBERT JR  
Address: 6008 2ND STREET  
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete  
Name: JOBOUIN, DAVID  
Address: 6008 2ND STREET  
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete  
Name: SEVILLE, ANTHONY  
Address: 6008 2ND STREET  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JABOUIN, DAVID  
Address: 6008 2ND STREET  
City-St-Zip: TAMPA, FL 33611

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTHONY SEVILLE

OWNE

04/26/2007

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