

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034430

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: PRIDE HOME INSPECTIONS, LLC

**Current Principal Place of Business:**

540 ROBERTS ROAD  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

445 STATE RD. 13N, #26 PMB 318  
FRUIT COVE, FL 32259

**Current Mailing Address:**

540 ROBERTS ROAD  
JACKSONVILLE, FL 32259

**New Mailing Address:**

445 STATE RD. 13N, #26 PMB 318  
FRUIT COVE, FL 32259

FEI Number: 03-0588843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCLAUGHLIN, NEIL C  
540 ROBERTS ROAD  
JACKSONVILLE, FL 32259 US

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

MCLAUGHLIN, NEIL C  
540 ROBERTS ROAD  
FRUIT COVE, FL 32259 US

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: \_\_\_\_\_

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCLAUGHLIN, NEIL C  
Address: 540 ROBERTS ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

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 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: NEIL C. MCLAUGHLIN

MGR

01/04/2007

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