



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90041 016 \*\*\*\*55.00

<b>DOCUMENT # L00000007155</b> 1. Entity Name <b>BUILDING INSPECTIONS AND SERVICES, LLC</b>					
Principal Place of Business <b>211 LITTLER LANE</b> <b>LADY LAKE, FL 32159 US</b>			Mailing Address <b>211 LITTLER LANE</b> <b>LADY LAKE, FL 32159 US</b>		
2. Principal Place of Business <b>403 DUARTE LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>403 DUARTE LANE</b> Suite, Apt. #, etc.			
City & State <b>LADY LAKE, FLORIDA</b> Zip <b>32159</b> Country <b>SUMPTER</b>		City & State <b>LADY LAKE, FLORIDA</b> Zip <b>32159</b> Country <b>SUMPTER</b>		04112006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>59-3657344</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>JENNESS, WILLIAM F</b> <b>211 LITTLER LANE</b> <b>LADY LAKE, FL 32159</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>403 DUARTE LANE</b> City <b>LADY LAKE</b> FL Zip Code <b>32159</b>				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 <u><i>William F. Jenness</i></u> DATE <u><i>4/10/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JENNESS, WILLIAM F</b> <b>211 LITTLER LANE</b> <b>LADY LAKE, FL 32159</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>William F. Jenness</i></u> DATE <u><i>4/10/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					