

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000002837
 1. Entity Name
 T.L.C. HOME WATCH, LLC



<i>Principal Place of Business</i> 8264 ALLEDALE COURT NAPLES, FL 34120	<i>Mailing Address</i> 8264 ALLEDALE COURT NAPLES, FL 34120
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04142006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MURRAY, CAMILLE D
 8264 ALLEDALE COURT
 NAPLES, FL 34120

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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, CAMILLE D 8264 ALLEDALE COURT NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/11/06-80125-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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: *Camille D Murray* **Date:** *4/30/06* **Daytime Phone #:** *239-595-1593*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE