


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM -
Secretary of State

DOCUMENT # L02000021298 1. Entity Name MASTERHOME INSPECTIONS, LLC	
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Principal Place of Business 11162 SILVER RIDGE ST. WELLINGTON, FL 33467	Mailing Address 11162 SILVER RIDGE ST. WELLINGTON, FL 33467
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0062560	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 SAXON, WAYNE H 11162 SILVER RIDGE ST. WELLINGTON, FL 33467

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004	U000000089379 03/15/04-80090-002 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAXON, WAYNE 11162 SILVER RIDGE ST. WELLINGTON, FL 33467
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	3/11/04	561-718-14758
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>