

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021298

FILED  
Aug 09, 2004  
Secretary of State

**Entity Name:** MASTERHOME INSPECTIONS, LLC

**Current Principal Place of Business:**

11162 SILVER RIDGE ST.  
WELLINGTON, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

11162 SILVER RIDGE ST.  
WELLINGTON, FL 33467

**New Mailing Address:**

**FEI Number:** 80-0062560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAXON, WAYNE H  
11162 SILVER RIDGE ST.  
WELLINGTON, FL 33467 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/MEMBERS:**

Title: P ( ) Delete  
Name: SAXON, WAYNE  
Address: 11162 SILVER RIDGE ST.  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAXON, WAYNE  
Address: 11162 SILVER RIDGE ST.  
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE SAXON

MGM

08/09/2004

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