

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90231 045 \*\*\*\*50.00

**DOCUMENT # L03000003567**

1. Entity Name  
NORTH FLORIDA PROFESSIONAL HOME INSPECTORS,  
L.L.C.



Principal Place of Business  
ROUTE 22, BOX 2943  
LAKE CITY FL 32024

Mailing Address  
ROUTE 22, BOX 2943  
LAKE CITY FL 32024

*SAME LOCATION New 911 Address's BELOW*

2. Principal Place of Business  
266 S.W. JAZLYNN PL  
Suite, Apt. #, etc.

3. Mailing Address  
266 S.W. JAZLYNN PL  
Suite, Apt. #, etc.

City & State  
Lake City FL

City & State  
Lake City FL

Zip Country  
32024 Columbia

Zip Country  
32024 Columbia



MOORE CR2E083 (11/03)

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LAWRENCE, GREGORY A ESQ.  
300 WEST ADAMS STREET, SUITE 400  
JACKSONVILLE FL 32202

**7. Name and Address of New Registered Agent**

Name *FEIN NOT APPLICABLE PER IRS. ONLY SSN.*  
*ON SOLE PROPRIETOR ON LLC (419-34-7720)*  
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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:

*Edwin A. Rose*

386-752-0679