2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000003567

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

Principal Place of Business	Mailing Address
266 SW JAZLYNN PL LAKE CITY, FL 32024	266 SW JAZLYNN PL LAKE CITY, FL 32024

02142006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE
☐ 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

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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: GAL Greg Lawrence, Esq. 2-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	P
NAME	ROSE, EDWIN A
STREET ADDRESS	RT. 22, BOX 2943
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Edwin A Rose 3/20/06 386-752-0679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EDWIN A. ROSE