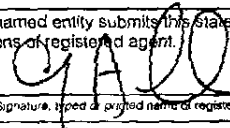
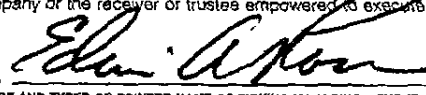


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 266 SW JAZLYNN PL LAKE CITY, FL 32024		Mailing Address 266 SW JAZLYNN PL LAKE CITY, FL 32024				
DO NOT WRITE IN THIS SPACE						
02142008 No Chg-LLC CR2E0B3 (11/05) <table border="1" style="width: 100%;"><tr><td>4. FEI Number NOT APPLICABLE</td><td>Applied For ☐ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>			4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
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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		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  Signature, typed or printed name of registered agent and title if applicable Gregory Lawrence, ESQ. (NOTE: Registered Agent signature required when reinstating) 2-14-06 DATE						
Filing Fee is \$50.00 Due by May 1, 2006						
9. MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, EDWIN A RT. 22, BOX 2943 LAKE CITY, FL 32024					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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DO NOT WRITE IN THIS SPACE						
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE EDWIN A. ROSE 3/20/06 Date 386-752-0679 Daytime Phone #						