

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # <u>L03000006461</u> 1. Entity Name XL PROFESSIONAL HOME INSPECTORS, LLC	
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Principal Place of Business 495 SWEETWATER WAY HAINES CITY, FL 33844	Mailing Address 495 SWEETWATER WAY HAINES CITY, FL 33844
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01082007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0781166	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PHELAN, WILLIAM H  
 495 SWEETWATER WAY  
 HAINES CITY, FL 33844

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHELAN, WILLIAM H 495 SWEETWATER WAY HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000702982  
 04/20/07-80122-006 55.00

**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: William H. Phelan William H. Phelan 04/10/07 (863)604-9472  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #