



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90296 031 ****50.00

DOCUMENT # L03000008499 1. Entity Name SOUTHERN HOME INSPECTORS, LLC					
Principal Place of Business ROUTE 12, BOX 346 LAKE CITY, FL 32025				Mailing Address ROUTE 12, BOX 346 LAKE CITY, FL 32025	
2. Principal Place of Business 163 SE POST CT.		3. Mailing Address 163 SE POST CT.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02192004 Chg-LLC CR2E083 (10/03)	
City & State LAKE CITY, FL.		City & State LAKE CITY, FL.		4. FEI Number 01-0770745	
Zip 32025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COKER, NORMAN RAY ROUTE 12, BOX 346 LAKE CITY, FL 32025				7. Name and Address of New Registered Agent Name NORMAN RAY COKER Street Address (P.O. Box Number is Not Acceptable) 163 SE POST CT. LAKE CITY City FL Zip Code 32025	
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 <i>Norman Ray Coker</i> DATE 2-20-04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete COKER, JEFFREY WAYNE ROUTE 15, BOX 3194 LAKE CITY, FL 32024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2590 SW King ST. LAKE CITY, FL 32024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete COKER, NORMAN RAY ROUTE 12, BOX 346 LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 163 SE POST CT. LAKE CITY, FL 32025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete MORRIS, TIMOTHY KAY ROUTE 3, BOX 164 LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12958 So. US Hwy 441 LAKE CITY, FL 32025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Norman Ray Coker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2-20-04 (306) 719-6527 <small>Date Daytime Phone #</small>		