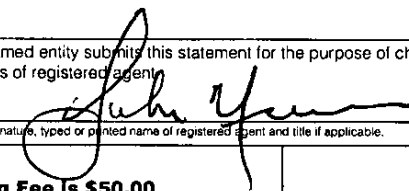


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90108 028 \*\*\*\*55.00

<b>DOCUMENT # L03000022932</b> 1. Entity Name <b>THE STATE HOME INSPECTION &amp; CONSTRUCTION SERVICES LIMITED LIABILITY COMPANY</b>					
Principal Place of Business <b>11356 REDBUD LANE</b> <b>BONITA SPRINGS, FL 34135</b>			Mailing Address <b>11356 REDBUD LANE</b> <b>BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business <b>26501 CHAPARRAL RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 2574</b> Suite, Apt. #, etc.			
City & State <b>BONITA SPRINGS, FL</b>		City & State <b>BONITA SPRINGS, FL</b>		4. FEI Number <b>81-0621038</b>	
Zip <b>34135</b>		Country <b>LEE</b>		5. Certificate of Status Desired <b>A</b> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAURER, JOHN</b> <b>11356 REDBUD LANE</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name <b>JOHN MAURER</b> Street Address (P.O. Box Number is Not Acceptable) <b>26501 CHAPARRAL RD.</b> <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34135</b>	
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 <b>7-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>JOFFS, MAURER</b> <b>11356 RED BUD LANE</b> <b>BONITA SPRINGS, FL 34135</b> <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	<b>JOHN MAURER</b> <b>26501 CHAPARRAL RD.</b> <b>BONITA SPRINGS, FL 34135</b> <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
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	