

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000033563

**FILED**  
**Jan 27, 2007**  
**Secretary of State**

**Entity Name:** HOMEFIRST INSPECTION SERVICES, LLC

**Current Principal Place of Business:**

1093 A1A BEACH BLVD.  
PMB 129  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 129  
103 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

PMB 129  
1093 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**FEI Number:** 32-0091573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROWE, SHAWN B  
1093 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROWE, SHAWN B  
Address: 492 OCEAN FOREST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** SHAWN B. ROWE

MGR

01/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date