

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035881

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: BUILDING HEALTH CHECK, L.L.C.

## Current Principal Place of Business:

4911 CREEKSIDE DR., STE. C-1  
CLEARWATER, FL 33760

## New Principal Place of Business:

4911 CREEKSIDE DRIVE  
SUITE C-1  
CLEARWATER, FL 33760

## Current Mailing Address:

4911 CREEKSIDE DR., STE. C-1  
CLEARWATER, FL 33760

## New Mailing Address:

4911 CREEKSIDE DRIVE  
SUITE C-1  
CLEARWATER, FL 33760

FEI Number: 20-0263944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOUTZOUKAS, MICHAEL E ESQ  
111 NORTH BELCHER RD SUITE 201  
CLEARWATER, FL 33765 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: MGRM ( ) Delete  
Name: WOZNIAK, ALAN  
Address: 4911 CREEKSIDE DR., STE. C-1  
City-St-Zip: CLEARWATER, FL 3433760

Title: MGRM ( ) Delete  
Name: WOZNIAK, MARK D  
Address: 4911 CREEKSIDE DR., STE. C-1  
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM ( ) Delete  
Name: AGUIRRE, FRANCISCO  
Address: 4911 CREEKSIDE DR., STE. C-1  
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM ( ) Delete  
Name: AGUIRRE, KAREN  
Address: 4911 CREEKSIDE DR., STE. C-1  
City-St-Zip: CLEARWATER, FL 33760

## ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK D. WOZNIAK

MGR

01/07/2008

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