2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035881

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

4911 CREEKSIDE DR., STE. C-1

CLEARWATER, FL 33760

Address:

City-St-Zip:

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4911 CREEKSIDE DRIVE SUITE C-1 CLEARWATER, FL 33760 **New Mailing Address: Current 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: Name and Address of New Registered Agent: BOUTZOUKAS, MICHAEL E ESQ BOUTZOUKAS, MICHAEL E ESQ 111 NORTH BELCHER RD SUITE 201 311 PARK PLACE BLVD. CLEARWATER, FL 33765 250 CLEARWATER, FL 33759 US 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: 03/31/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WOZNIAK, ALAN Name: Name: 4911 CREEKSIDE DR., STE. C-1 Address: Address: City-St-Zip: CLEARWATER, FL 3433760 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WOZNIAK, MARK D Name: Address: 4911 CREEKSIDE DR., STE, C-1 Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AGUIRRE, FRANCISCO Name: Name: 4911 CREEKSIDE DR., STE. C-1 Address: Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: AGUIRRE, KAREN Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARK WOZNIAK MGR 03/31/2009