

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90065 031 \*\*\*\*50.00

34010372



MOORE CR2E083 (4/04)

<b>DOCUMENT # L03000036721</b> 1. Entity Name <b>A AMERICAN HOME &amp; CONDO INSPECTIONS LLC</b>																																																											
Principal Place of Business <b>720 S.W. TANGLEWOOD TRL. STUART FL 34997</b>			Mailing Address <b>720 S.W. TANGLEWOOD TRL. STUART FL 34997 P.O. Box 2699 Stuart FL 34995</b>																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 2699</b>																																																								
City & State <b>Stuart FL</b>			4. FEI Number <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>																																																								
Zip <b>34995</b>			Country <b>USA</b>																																																								
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			6. Name and Address of Current Registered Agent <b>KAUFMAN, CHARLES 720 S.W. TANGLEWOOD TRL. STUART FL 34997</b>																																																								
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																											
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 8, 2004</b>																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>President Charles Kaufman 720 S.W. Tanglewood Trl. Stuart FL 34997</b> </td> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;">           STREET ADDRESS CITY - ST - ZIP         </td> <td colspan="3" style="padding: 5px;">           STREET ADDRESS CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td colspan="3" style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>President Charles Kaufman 720 S.W. Tanglewood Trl. Stuart FL 34997</b>						STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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.																																																											
<b>SIGNATURE:</b> <u>Charles Kaufman</u> <span style="float: right;">8/10/04 (772) 631 4288</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																											