

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044549

**FILED**  
**Apr 10, 2005**  
**Secretary of State**

**Entity Name:** A "CERTIFIED" INSPECTION SERVICE "LLC"

**Current Principal Place of Business:**

1577 SPRING SIDE DR  
WESTON, FL 33326

**New Principal Place of Business:**

219 S 17TH AVE  
#10  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

P.O. BOX 266471  
WESTON, FL 33326

**New Mailing Address:**

PO BOX 220226  
HOLLYWOOD, FL 33022

**FEI Number:** 20-1261139

**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:**

BURKHARDT, CARL A  
219 S 17TH AVE  
#10  
HOLLYWOOD, FL 33020 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: CARL A BURKHARDT

04/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BURKHARDT, CARL  
Address: 1577 SPRING SIDE DR  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BURKHARDT, CARL  
Address: 219 S 17TH AVE #10  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL A BURKHARDT

MGR

04/10/2005

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