## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR).

## Mar 15, 2005 8:00 am Secretary of State DOCUMENT # L04000064159 02-02-2005 90151 028 \*\*\*\*50.00 1. Entity Name BAY AREA HOME & REAL ESTATE INSPECTIONS, LLC Principal Place of Business Mailing Address 1414 EAST HENRY AVENUE TAMPA FL 33604 1414 EAST HENRY AVENUE TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. W. etc. SAme Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For\_ ~ Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name , chael-Rudolph DIAZ, JOSEPH'L ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2522 WEST KENNEDY BOULEVARD TAMPA FL 33609 Tampa 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 Michael PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Oue By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 Michael Ruch Napol: TITLE OUT ISTI F ☐ Change ■ Addition . Delete NUME NAME 1414 E Herry Ave STREET ADDRESS STREET ADDRESS Tanga FI. 3. State Partner Kelly Pamines 415 S. St. Cloud CITY-ST-ZIP CITY-ST-ZIP TITLE OVY ☐ Delete Change ☐ Addition RAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Valrico TITLE ☐ Deleta ☐ Change ☐ Addition MASAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-SI-ZIP 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as adjusted by Chapter 608, Florida Statutes.

IQ MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED