2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 30, 2006 8:00 am
Secretary of State
08-10-2006 90041 002 ****50.00

DOCUMENT # L04000064159

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

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 30-0318826 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAPOLI, MICHAEL R ~~1415~~ E HANRY AVE TAMPA FL 33604 Address should be 1414 E. Henry Ave Tampa Fl 33604 1414 E. Henry Ave Tampa Fl. 33604	Name: Napoli, Michael R Street Address (P.O. Box Number is Not Acceptable): 1414 E Henry Ave City: Tampa FL Zip Code: 33604

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NAPOLI, MICHAEL R ~~1415~~ E HENRY AVE 1414 E. Henry Ave TAMPA FL 33604 Tampa Fl. 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1414 E. Henry Ave Tampa Fl. 33604	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RAMIREZ, KELLY 415 S ST CLOUD VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: [signature] 8-1-06 813-230-8631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #