


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90091 047 \*\*\*\*55.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L04000066733**  
 1. Entity Name  
**PRUDENTIAL HOME INSPECTIONS, LLC**



**30005016**

Principal Place of Business 444 BRICKELL AVE STE 51303 MIAMI, FL 33131	Mailing Address 444 BRICKELL AVE STE 51303 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>03-0598861</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRT DE CASAS, CARLOS L 444 BRICKELL AVE STE 51303 MIAMI, FL 33131	<input type="checkbox"/>		<input type="checkbox"/>
S DE CASAS, IVONNE 444 BRICKELL AVE STE 51303 MIAMI, FL 33131	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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.

**SIGNATURE:** CARLOS DE CASAS (MGRT) **03/29/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #