# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000066733**

1. Entity Name
PRUDENTIAL HOME INSPECTIONS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 444 BRICKELL AVE STE 51303 MIAMI, FL 33131 | 444 BRICKELL AVE STE 51303 MIAMI, FL 33131 |

## DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 03-0548861 | Not Applicable |

5. Certificate of Status Desired          $5.00 Additional Fee Required

### 6. Name and Address of Current Registered Agent

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

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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 _____

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

**Filing Fee is $50.00
Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRT |
| NAME | DE CASAS, CARLOS L |
| STREET ADDRESS | 444 BRICKELL AVE STE 51303 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | S |
| NAME | DE CASAS, IVONNE |
| STREET ADDRESS | 444 BRICKELL AVE STE 51303 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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01/23/06-80003-020 55.00

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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: _____          01/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #