


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L04000066733<br>1. Entity Name<br>PRUDENTIAL HOME INSPECTIONS, LLC |  |
|---|---|

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

**DO NOT WRITE IN THIS SPACE**



04162007No Chg-LLC CR2E083 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>03-0548861  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

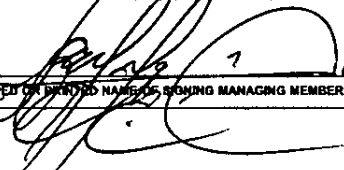
**Filing Fee is \$50.00  
 Due by May 1, 2007**

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

**DO NOT WRITE IN THIS SPACE**

U00000723870  
 05/02/07-80088-021 55.00

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:**  CARLOS de CASAS 09/14/07 305 496 8001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #