

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077498

FILED
Mar 30, 2007
Secretary of State

Entity Name: CHAMPION HOME INSPECTIONS LLC

Current Principal Place of Business:

685 NW SAVANNAH CIR
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

685 NW SAVANNAH CIR
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 61-1478406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENYKO, MARGARITA
2161 S.W. VENUS ST.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

DENYKO, MARGARITA
685 NW SAVANNAH CIRCLE
LAKE CITY, FL 32055 US

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.

SIGNATURE: MARGARITA DENYKO

03/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DENYKO, MARGARITA
Address: 2161 S.W. VENUS ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM () Delete
Name: DENYKO, JOHN
Address: 2161 S.W. VENUS ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DENYKO, MARGARITA
Address: 685 NW SAVANNAH CIRCLE
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM (X) Change () Addition
Name: DENYKO, JOHN
Address: 685 NW SAVANNAH CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARGARITA DENYKO

MGR

03/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date