
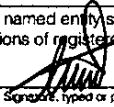
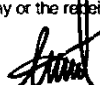


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90028 040 ****50.00

DOCUMENT # L04000079440 1. Entity Name 360 INSPECTION, LLC																													
Principal Place of Business 7480 MIAMI LAKES DRIVE G 204 MIAMI LAKES, FL 33014			Mailing Address 7480 MIAMI LAKES DRIVE G 204 MIAMI LAKES, FL 33014																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17330 NW 67th PL # E Suite, Apt. #, etc. # E																											
City & State City: Miami State: FL		City & State City: Miami State: FL		4. FEI Number 20-18-22855																									
Zip 33015		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent CORTINAS, GUSTAVO L 7480 MIAMI LAKES DRIVE G 204 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name: GUSTAVO CORTINAS Street Address (P.O. Box Number is Not Acceptable): 17330 NW 67th PL # E City: Miami State: FL Zip Code: 33015																										
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: 04/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGRM</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CORTINAS, GUSTAVO L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7480 MIAMI LAKES DRIVE G 204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CORTINAS, GUSTAVO L		STREET ADDRESS	7480 MIAMI LAKES DRIVE G 204		CITY-ST-ZIP	MIAMI LAKES, FL 33014		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 			04/14/05 786 306 3064																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													