

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90100 015 \*\*\*\*50.00

<b>DOCUMENT # L04000082018</b>					
<b>1. Entity Name</b> <b>L.A.T. PROFESSIONAL HOME INSPECTORS, LLC</b>					
<b>Principal Place of Business</b> <b>14055 ORCHID TREE PLACE</b> <b>ORLANDO, FL 32828</b>			<b>Mailing Address</b> <b>PO BOX 574964</b> <b>ORLANDO, FL 32857-4964</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 20-1870954				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TAMAYO, LILIANA 14055 ORCHID TREE PLACE ORLANDO, FL 32828			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when releasing) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>TAMAYO, LILIANA</b> <b>14055 ORCHID TREE PLACE</b> <b>ORLANDO, FL 32828</b> <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>FIGUEROA, TITO</b> <b>14055 ORCHID TREE PLACE</b> <b>ORLANDO, FL 32828</b> <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> _____			04-27-05    407-579-1154		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					