2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2005 8:00 am Secretary of State

Principal Pince of Business 10.3 NORTH MERDION STREET	DOCUMENT # L0400092620 1. Entity Name SUNSHINE HOME INSPECTIONS, LLC							05-11-2005	5 90030 ()35 ****5	0.00
Sulfe, Apt. 4, etc.	103 NORTH MERIDIAN STREET 103 NORTH MERIDIAN ST						1 12211211 211			PIS PII/6 BI 68	
Sulfe, Apt. 4, etc.	2. Principal Pi	ace of Business	3. Mailing Address								
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Zip Country Zip Country Sin Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.				04212005	Chg-LLC	CR2E0	83 (10/03)	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 6. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe	City & State		City & State				4. FEI Numb	er			
Name and Address of New Registered Agent Name	Zìp	Country	Zip Countr		try		5. Certificate	of Status Desired		\$5.00 Add	litional
Street Address (P.O. Bax Number is Not Acceptable) TALLAHASSEE, FL 32301 City FL Zip Code 6. 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 Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES OITH-ST-2P MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES OITH-ST-2P MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MACK SIGRE ADDRESS OITH-ST-2P 10. ADDITIONS/CHANGES Addition MILE NAME SIGRE ADDRESS OITH-ST-2P 10. ADDITIONS/CHANGES ADDITIONS/CHANGES CITY-ST-2P 10. ADDITIONS/CHANGES ADDITIONS/CHANGES CITY-ST-2P 10. Change Addition MACK SIRGE ADDRESS CITY-ST-2P Change Addition Chang		6. Name and Address of Current I	Registered Agent		[7. Name and	Address of New	Registered .		-
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name						
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00	103 NORTH MERIDIAN STREET				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature, typed to printed agent and 166 4 applicable. (NOTE Pagetated Agent segretative required when remalative) DATE					City				FI	Zip Code	э
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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: Cuarlo

Eduardo Hepp, MGRM

20/25/10

305-868-3774

Date .