


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90245 013 ****55.00

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| DOCUMENT # L05000004484 | | | |  | |
| 1. Entity Name A-SAP HOME INSPECTIONS, LLC | | | | | |
| Principal Place of Business 326 NE CAMELOT DRIVE PORT ST. LUCIE, FL 34983 | | | Mailing Address 326 NE CAMELOT DRIVE PORT ST. LUCIE, FL 34983 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 02092006 Chg-LLC CR2E083 (11/05) | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FOREST, CLIFFORD P 326 NE CAMELOT DRIVE PORT ST. LUCIE, FL 34983 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FOREST, CLIFFORD P 326 NE CAMELOT DRIVE PORT ST. LUCIE, FL 34983 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Clifford P. Forest</u> | | Date: <u>2/21/06</u> | | Daytime Phone #: <u>772-344-6453</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |

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