


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000004484</b> 1. Entity Name A-SAP HOME INSPECTIONS, LLC	
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Principal Place of Business 326 NE CAMELOT DRIVE PORT ST. LUCIE, FL 34983	Mailing Address 326 NE CAMELOT DRIVE PORT ST. LUCIE, FL 34983
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

FOREST, CLIFFORD P  
326 NE CAMELOT DRIVE  
PORT ST. LUCIE, FL 34983

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000638003  
02/27/07-80013-010 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOREST, CLIFFORD P 326 NE CAMELOT DRIVE PORT ST. LUCIE, FL 34983
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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:**  **2-12-07** **772-344-6453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #