


608 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000004484 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



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000855420
 04/07/08-80028-002 138.75

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: *Clifford P. Forest* 3/18/08 772-344-6453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #