

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022241

FILED
Aug 14, 2006
Secretary of State

Entity Name: JDF HOME INSPECTIONS LLC

Current Principal Place of Business:

13253 ST. TROPEZ CIRCLE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

13409 WILLIAM MEYER COURT
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

13253 ST. TROPEZ CIRCLE
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

13409 WILLIAM MEYER COURT
PALM BEACH GARDENS, FL 33410 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LAFLEUR, KENT
13253 ST. TROPEZ CIRCLE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

LAFLEUR, KENT
13409 WILLIAM MEYER COURT
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: KENT LAFLEUR

08/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAFLEUR, KENT
Address: 13253 ST. TROPEZ CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAFLEUR, KENT
Address: 13409 WILLIAM MEYER COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENT LAFLEUR

MGRM

08/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date