


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000027091</b> 1. Entity Name DSD HOME INSPECTIONS LLC	
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Principal Place of Business 15 NORTH RD 15 NORTH RD, ME 04765 US	Mailing Address 15 NORTH RD 15 NORTH RD, ME 04765 US
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04212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, DANA L SR. 15 NORTH RD PATTEN, ME 04765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, DANA L JR. 15 NORTH RD PATTEN, ME 04765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLE, SHANE P 15 NORTH RD PATTEN, ME 04765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000737764 05/11/07-80041-004 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Dana L Cole Sr. 4/23/07 207-827-4290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #