## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031107

Entity Name: PM HOME INSPECTIONS, LLC

FILED Mar 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2144 BAHIA LANE 1615 SWEETGUM TERRACE

WESTON, FL 33327 WESTON, FL 33327

Current Mailing Address: New Mailing Address:

2144 BAHIA LANE 1615 SWEETGUM TERRACE

WESTON, FL 33327 WESTON, FL 33327

FEI Number: 55-0895970 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEFELICE, MIGUEL
2144 BAHIA LANE
DEFELICE, CARLOS
1615 SWEETGUM TERRACI

2144 BAHIÁ LANE 1615 SWEÉTGUM TERRACE WESTON, FL 33327 US WESTON, FL 33327 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: CARLOS DEFELICE 03/17/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR ( X) Change ( ) Addition Name: DEFELICE, MIGUEL Name: DEFELICE, CARLOS

Address: 2144 BAHIA LANE Address: 1615 SWEETGUM TERRACE
City-St-Zip: WESTON, FL 33327 City-St-Zip: WESTON, FL 33327

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

Name: GARCIA, LEOPOLDO Name:

Address: 2144 BAHIA I ANF Address:

 Address:
 2144 BAHIA LANE
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 DEFELICE, CARLOS
 Name:

 Address:
 949 GOLDEN CANE DR
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: DEFELICE, ELSY Name: CAMACHO-DEFELICE, ELSY
Address: 949 GOLDEN CANE DR Address: 1615 SWEETGUM TERRACE

City-St-Zip: WESTON, FL 33327 City-St-Zip: WESTON, FL 33327

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: CARLOS DEFELICE MGR 03/17/2006