2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED 5 Jul 12, 2006 8:00 am 6 Secretary of State

DOCUMENT # L05000037596					1		05-10-2006 90019 042 ****50.00
COASTAL HOME INSPECTIONS LLC							03-10-2000 90019 042
Principal Place of Business			Mailing Address	Mailing Address			
14312 WEST SUTTON CT. CRYSTAL RIVER FL 34429			7123 WAREHAM DRIVE TAMPA FL 33647				
2. Principal P	lace of Busin	ess	3. Mailing Address				((12 mfor en exist 2000 sem sem erne messer simt diff Prist in 1951)
Suite, Apt. W, etc.			Suite, Apt. #, etc.				1st MOORE CR2E083 (10705)
City & State			City & State				4. FEI Number 19/79/9 Applied For Not Applicable
Zip				Coun	ntry		S Certificate of Status Desired
Name and Address of Current Registered Agent					Name		7. Name and Address of New Registered Agent
RINGO, ROBERT R							
712: TAM			Street Address (P.O. Box Number is Not Acceptable)				
					City		FL Zip Code
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 Signalure, hybeid on printed harme of reporterent agent and 166 it application. (NOTE Regulation Agent segretative required when remaining) DATE							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006							
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/CHANGES
TITLE	MGR		☐ Delete	TITL	-		☐ Change ☐ Addition
NAME STREET ADDRESS CHTY-ST-ZIP	RINGO, RO 7123 WAR TAMPA FL	EHAM DRIVE			ET ADDRESS		
TITLE			☐ Delete	TITL	E		☐ Change ☐ Addition
NAME STREET ADDRESS	<u> </u>			STRE	EET ADDRESS		- , -
CITY-ST-ZIP	<u></u>				- S1 - ZIP		
TITLE MAME			Delete	TITL			☐ Change ☐ Addition
SIREET ADDRESS	ĺ				ET ADDRESS		
CITY-ST-ZIP	 			TITLE	+ST-ZIP		□ Chara. □ Addition
NAME	! !		☐ Delele	NAM	1		☐ Change ☐ Addition
STREET ADDRESS CHY-ST-ZIP					TET ADDRESS '-ST-ZIP		
DITE			☐ Defete	im	1		☐ Change ☐ Addition
STREET ADDRESS				NAM STRI	EET ADORESS		
CITY+S1+ZIP				1	-ST-ZIP		
TITLE			☐ Deferc	fift			☐ Change ☐ Addation
STREET ADDRESS				NAV	EET ADDRESS		
CITY-ST-ZIP					-51-21P		
11. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 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.							
		77 m	/				1
SIGNATURE: SIGNATURE AND TYPED OR PRHYTED NAME OF SIGNING MANAGEM, OR AUTHORIZED REPRESENTATIVE DUG DOWNER PROFILE P							