## 2007 LIMITED LIABILITY COMPANY

## Apr 23, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # L05000039408 1. Entity Name THEE INSPECTOR LLC Principal Place of Business Mailing Address 103 KAYWOOD DRIVE 103 KAYWOOD DRIVE SANFORD, FL 32771 SANFORD, FL 32771 US 01112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2824804 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, CRAIG E DO NOT WRITE 103 KAYWOOD DRIVE SANFORD, FL 32771 IN THIS SPACE 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 DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MBR TITLE NAME JOHNSON, CRAIG MGR 103 KAYWOOD DRIVE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE U00000724653 05/02/07-80120-003 50.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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: TYPED OR PRIN

STREET ADDRESS CHY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407-402-6493

**FILED**