2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# L05000048928

Entity Name: BOATWRIGHT HOME INSPECTION L.L.C.

Current Principal Place of Business:

18214 TALDECO PLACE
TAMPA, FL 33647

New Principal Place of Business:

146 N.W. HARRIS LAKE DRIVE
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 46612
TAMPA, FL 33647

New Mailing Address:

146 N.W. HARRIS LAKE DRIVE
LAKE CITY, FL 32055

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

BOATWRIGHT, MARTIN C 3RD
18214 TALDECO PLACE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

BOATWRIGHT, MARTIN C 3RD
146 N.W. HARRIS LAKE DRIVE
LAKE CITY, FL 32055 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: MARTIN C BOATWRIGHT 111 10/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOATWRIGHT, MARTIN C III
Address: 18214 TALDECO PLACE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOATWRIGHT, MARTIN C III
Address: 146 N.W. HARRIS LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

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: MARTIN C BOATWRIGHT 111 MGR 10/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date