

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2006 90058 003 \*\*\*\*\*50.00  
L05000050913

**DOCUMENT # L05000050913**

1. Entity Name  
**BUNGALOWS TO MANSIONS PROFESSIONAL HOME  
INSPECTION, LLC**



**FILED**  
**06 MAY 26 AM 11:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**307 NW 14TH AVENUE  
GAINESVILLE, FL 32601**

Mailing Address  
**307 NW 14TH AVENUE  
GAINESVILLE, FL 32601**

2. Principal Place of Business  
**9014 SW 75th WAY**

3. Mailing Address  
**9014 SW 75th WAY**

Suite, Apt. #, etc.



04192006 Chg-LLC CR2E083 (11/05)

City & State  
**GAINESVILLE FL**

City & State  
**GAINESVILLE FL**

Zip  
**32608**

Country  
**USA**

Zip  
**32608**

Country  
**USA**

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, BRUCE M III  
307 NW 14TH AVENUE  
GAINESVILLE, FL 32601**

**9014 SW 75th WAY  
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name

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 DATE

(NOTE: Registered Agent signature required when registering)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, BRUCE M III 307 NW 14TH AVENUE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9014 SW 75th WAY GAINESVILLE FL 32608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE **4/26/06** 352 871 8589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE