

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000053089

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** ANGLER HOME INSPECTIONS, L.L.C.

**Current Principal Place of Business:**

4705 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

4705 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565

**New Mailing Address:**

**FEI Number:** 02-0744684      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRECO, FRANK J  
4047 HENDERSON BLVD.  
TAMPA, FL 33565 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAM, ALLEN J  
Address: 4705 SLEEPY HOLLOW LANE  
City-St-Zip: PLANT CITY, FL 33565

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALLEN J. HAM      MGR      01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date