



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # L05000084601 1. Entity Name DOUCETTE HOME INSPECTIONS & SERVICES LLC	
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Principal Place of Business 1824 HAMMOCK RD. TITUSVILLE, FL 32796 US	Mailing Address 1824 HAMMOCK RD. TITUSVILLE, FL 32796 US
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DO NOT WRITE IN THIS SPACE



02232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3372786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DOUCETTE, KEITH J 1824 HAMMOCK RD TITUSVILLE, FL 32796	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

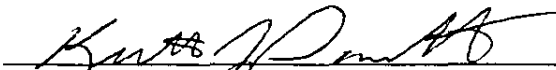
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UD00000843855
03/12/08-80012-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUCETTE, KEITH J 1824 HAMMOCK RD TITUSVILLE, FL 32796
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**DO NOT WRITE
IN THIS SPACE**

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:  **2-24-08** **321-289-8911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #