2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L05000091423

Entity Name: FLORIDA PROFESSIONAL HOME INSPECTIONS LLC

Current Principal Place of Business:

22 FARMDALE LANE
PALM COAST, FL 32137

New Principal Place of Business:

18 SEVEN WONDERS TRAIL
PALM COAST, FL 32164

Current Mailing Address:

22 FARMDALE LANE
PALM COAST, FL 32137

New Mailing Address:

18 SEVEN WONDERS TRAIL
PALM COAST, FL 32164

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

BREDSTRUP, TIMOTHY W
22 FARMDALE LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

BREDSTRUP, TIMOTHY W
18 SEVEN WONDERS TRAIL
PALM COAST, FL 32164 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: TIMOTHY WILLIAM BREDSTRUP 07/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BREDSTRUP, TIMOTHY W
Address: 22 FARMDALE LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: BREDSTRUP, TIMOTHY W
Address: 18 SEVEN WONDERS TRAIL
City-St-Zip: PALM COAST, FL 32164

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: TIMOTHY WILLIAM BREDSTRUP PRES 07/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date