

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90022 007 ****50.00

DOCUMENT # L05000095244

1. Entity Name
NAUMAN INSPECTIONS, LLC



Principal Place of Business Mailing Address
**1409 STURBRIDGE CT.
DUNEDIN, FL 34698** **1409 STURBRIDGE CT.
DUNEDIN, FL 34698**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60000103



01032006 Chg-LLC CR2E083 (11/05)

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

**NAUMAN, MARK R
1409 STURBRIDGE CT.
DUNEDIN, FL 34698**

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 *Mark R. Nauman* *Mark R. Nauman* *Jan 3, 2006*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**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 | MGR NAUMAN, MARK R 1409 STURBRIDGE CT. DUNEDIN, FL 34698 <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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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: *Mark R. Nauman* *Mark R. Nauman* *Jan 3, 2006* *727-324-8849*

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