

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096421

FILED
Apr 12, 2006
Secretary of State

Entity Name: FLORIDA ALLSTATE HOME INSPECTION, LLC

Current Principal Place of Business:

2515 NE 8TH TERR
FT LAUDERDALE, FL 33305

New Principal Place of Business:

261 49TH STREET N
ST. PETERSBURG, FL 33710

Current Mailing Address:

2515 NE 8TH TERR
FT LAUDERDALE, FL 33305

New Mailing Address:

261 49TH STREET N
ST PETERSBURG, FL 33710

FEI Number: 02-0750971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISP, WILLIAM D
2515 NE 8TH TERR
FT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

CRISP JR, WILLIAM D
261 49TH STREET N
ST PETERSBURG, FL 33710 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: WILLIAM D CRISP JR

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRISP, WILLIAM D JR
Address: 2515 NE 8TH TERR
City-St-Zip: FT LAUDERDALE, FL 33305

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: CRISP, WILLIAM D JR
Address: 261 49TH STREET N
City-St-Zip: ST PETERSBURG, FL 33710

Title: VP () Change (X) Addition
Name: CRISP, MOLLIE H
Address: 105 CASSEDALE DR
City-St-Zip: GOLDSBORO, NC 27533

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: WILLIAM D CRISP JR

PRES

04/12/2006

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