


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90029 022 \*\*\*\*50.00

<b>DOCUMENT # L05000118645</b>	
1. Entity Name <b>A BETTER HOME INSPECTION, L.L.C.</b>	

Principal Place of Business <b>835 SE 2ND STREET OCALA, FL 34471</b>	Mailing Address <b>835 SE 2ND STREET OCALA, FL 34471</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>Same As Above</b>	3. Mailing Address Suite, Apt. #, etc. <b>Same As Above</b>
City & State <b>Same As Above</b>	City & State <b>Same As Above</b>
Zip <b>34471</b>	Country <b>USA</b>



02152006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent <b>SOLLARS, DANIELLE E 835 SE 2ND STREET OCALA, FL 34471</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'ANNUNZIO, ROBERT N 835 SE 2ND STREET OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Danielle N Sollars 835 se 2nd street Ocala, FL 34471 <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: <b>Danielle N Sollars</b>	Date: <b>2-15-06</b> / Daytime Phone #: <b>352-351-4514</b>