



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90031 040 ****55.00

DOCUMENT # L05000121007 1. Entity Name NEW AGE HOME INSPECTIONS LLC					
Principal Place of Business 11400 4TH ST. N., APT. 409 ST. PETERSBURG, FL 33716			Mailing Address 11400 4TH ST. N., APT. 409 ST. PETERSBURG, FL 33716		
2. Principal Place of Business 11450 NE 110th AVE		3. Mailing Address P.O. Box 1848			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Bronson, FL			
City & State Archer, FL		City & State 			
Zip 32621		Country USA		4. FEI Number 20-4416371	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960			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 <u>Richard P. Hopkins</u> DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
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	MGRM HOPKINS, RICHARD 11400 4TH ST. N., APT. 409 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
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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: <u>Richard P. Hopkins</u> Richard P. Hopkins <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					