

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020324

FILED  
May 30, 2007  
Secretary of State

**Entity Name:** GLASS HOUSE HOME INSPECTIONS, LLC

**Current Principal Place of Business:**

14501 MUSKET FIRE LANE  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

14501 MUSKET FIRE LANE  
ORLANDO, FL 32837 US

**New Mailing Address:**

FEI Number: 20-4368732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

SAPP MAGNUSON, DEBRA  
14501 MUSKET FIRE LANE  
ORLANDO, FL 32837 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAPP MAGNUSON, DEBRA  
Address: 14501 MUSKET FIRE LANE  
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM ( ) Delete  
Name: MORIZIO, LORENZO  
Address: 10741 HIGH CREST COURT  
City-St-Zip: HOWIE IN THE HILLS, FL 34737 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA L. MAGNUSON

CEO

05/30/2007

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