


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90021 019 \*\*\*143.75

**DOCUMENT # L06000020324**

1. Entity Name  
**GLASS HOUSE HOME INSPECTIONS, LLC**



Principal Place of Business  
**14501 MUSKET FIRE LANE  
 ORLANDO, FL 32837 US**

Mailing Address  
**14501 MUSKET FIRE LANE  
 ORLANDO, FL 32837 US**

2. Principal Place of Business - No P.O. Box #  
**10741 HIGH CREST CT**

3. Mailing Address  
**10741 HIGH CREST CT**

Suite, Apt. #, etc.


City & State  
**HOWEY IN THE HILLS, FL**

City & State  
**HOWEY IN THE HILLS, FL**

Zip  
**32737** Country  
**USA**

Zip  
**32737** Country  
**USA**

**00036808**



04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4368732**

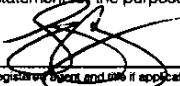
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SAPP MAGNUSON, DEBRA  
 14501 MUSKET FIRE LANE  
 ORLANDO, FL 32837**

7. Name and Address of New Registered Agent  
 Name **LORENZO MORIZIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10741 HIGH CREST CT**  
 City **HOWEY IN THE HILLS, FL** Zip Code **32737**

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  DATE **4-29-08**

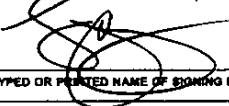
Signature, typed or printed name of registrant, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAPP MAGNUSON, DEBRA 14501 MUSKET FIRE LANE ORLANDO, FL 32837 <input checked="" 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	MGRM MORIZIO, LORENZO 10741 HIGH CREST COURT HOWEY IN THE HILLS, FL 34737 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIMARY CORRECT <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
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
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
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

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:  DATE **4-29-08** 352 429 7782

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