


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90035 002 ****50.00

DOCUMENT # L06000032235	
1. Entity Name FICOLL ENTERPRISES, HOMES INSPECTIONS LLC	

Principal Place of Business 54 UNCLE PETE RD N HAINES CITY FL 33844	Mailing Address 54 UNCLE PETE RD N HAINES CITY FL 33844
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 11329 Condor Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Citrus Springs, FL	City & State Citrus Springs, FL
Zip 34433	Country Citrus

1st MOORE CR2E083 (10/06)

4. FEI Number 20-4735445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGMERDA, CARLOS 54 UNCLE PETE RD N HAINES CITY FL 33844	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL Zip Code	

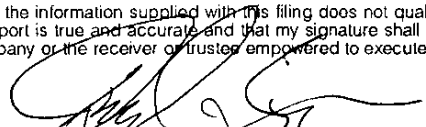
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2007	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIGUEROA, CARLOS 54 UNCLE PETE RD N HAINES CITY FL 33844 <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 Section 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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