

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059095

FILED
May 01, 2007
Secretary of State

Entity Name: EAGLE EYE HOME INSPECTIONS OF NORTH CENTRAL FLORIDA, LLC

Current Principal Place of Business:

PO BOX 3
OCALA, FL 34478

New Principal Place of Business:

4719 SE 32ND ST
OCALA, FL 34471

Current Mailing Address:

PO BOX 3
OCALA, FL 34478

New Mailing Address:

4719 SE 32 ST
OCALA, FL 34471

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

SMITH, BRADFORD W
4719 SE 32ND STREET
OCALA, FL 34471 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MMBR () Change (X) Addition
Name: SMITH, BRADFORD
Address: 4719 SE 32ND ST
City-St-Zip: Ocala, FL 34471

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: BRADFORD SMITH

MMBR

05/01/2007

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