## 2007 LIMITED LIABILITY COMPANY

### **ANNUAL REPORT**

#### DOCUMENT #1 06000081302



**FILED** Apr 06, 2007 8:00 am Secretary of State

| 1. Entity Nam                                  | ERKEY HOME INSPECTION                                                                                                        | DNS LLC                             |                                        |                                                   |                   | 04-06-200′              | 7 90231 02         | 3 ****5                   | 55.00               |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------------|-------------------|-------------------------|--------------------|---------------------------|---------------------|
| Principal Plac                                 | e of Business                                                                                                                | Mailing Address                     | Mailing Address                        |                                                   |                   |                         |                    |                           |                     |
| 2213 OWASSO CT<br>Orlando, Fl 32818            |                                                                                                                              | 2213 OWASSO CT<br>Orlando, Fl 32818 |                                        |                                                   |                   |                         |                    |                           |                     |
| 2. Principal Place of Business - No P.O. Box # |                                                                                                                              | 3. Mailing Address                  |                                        |                                                   |                   |                         |                    |                           |                     |
| Suite, Apt. #, etc.                            |                                                                                                                              | Suite, Apt. #, etc.                 |                                        | 04012007                                          | Chg-LLC           | CR2E083                 | (12/06)            |                           |                     |
| City & State                                   |                                                                                                                              | City & State                        |                                        | 4. FEI Number 2864                                | 43437             |                         | <del></del>        | plied For<br>t Applicable |                     |
| Zip                                            | Country                                                                                                                      | Zip                                 | Country                                |                                                   | 5. Certificate    | of Status Desired       |                    | 5.00 Add<br>e Required    |                     |
|                                                | 6. Name and Address of Currer                                                                                                | nt Registered Agent                 |                                        | Name                                              | 7. Name and       | Address of New F        | Registered Age     | ent                       |                     |
| 2213 OWA                                       | WARREN E<br>ASSO CT<br>D, FL 32818                                                                                           |                                     | Street Address                         |                                                   | P.O. Box Numb     | er is Not Acceptable    | е)                 |                           |                     |
|                                                |                                                                                                                              |                                     | C                                      | City                                              |                   |                         | FL                 | Zip Code                  | 9                   |
| 8. The above the obligat                       | named entity submits this statement tions of registered agent.                                                               | for the purpose of changing its     | s registered o                         | office or registere                               | ed agent, or bo   | th, in the State of Flo | orida. I am fan    | niliar with,              | and accept          |
| SIGNATURE                                      | Signature, typed or printed name of registered age                                                                           | of and little if applicable (NO)    | TE: Pagistared An                      | ent signature required                            | ubes salastati-si | <del> </del>            | DATE               |                           |                     |
|                                                | agramo, speci or printed hitting of registered ago                                                                           | THE WILL IT APPROACH.               | re: negistered Ag                      | ent signature required                            | when tensiating)  |                         | DATE               |                           |                     |
|                                                | lling Fee is \$50.00<br>ue by May 1, 2007                                                                                    |                                     |                                        | Make check payable to Florida Department of State |                   |                         |                    |                           |                     |
| 9.                                             | MANAGING MEME                                                                                                                | BERS/MANAGERS                       | 10.                                    |                                                   | <u>-</u>          | ADDITIONS               | /CHANGES           |                           |                     |
| NAME STREET ADDRESS CITY+ST-ZIP                | MGRM GERKEY, WARREN E 2213 OWASSO CT ORLANDO, FL 32818                                                                       | ☐ Delete                            | TITLE<br>NAME<br>STREET A<br>CITY-ST-  |                                                   |                   |                         | £                  | ] Change                  | Addition            |
| TITLE NAME STREET ADDRESS CITY-S1-ZiP          |                                                                                                                              | ☐ Delete                            | TITLE<br>NAME<br>STREET A<br>CITY-ST-  |                                                   |                   |                         | С                  | ] Change                  | Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                                                              | ☐ Delete                            | TITLE NAME STREET A                    |                                                   |                   | 4,                      |                    | ] Change                  | Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                                                              | ☐ Delete                            | TITLE<br>NAME<br>STREET A<br>CITY-ST-  | li i                                              |                   |                         |                    | ] Change                  | Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                                                              | ☐ Delete                            | TITLE<br>NAME<br>SIRLEI AI<br>CITY-ST- |                                                   |                   |                         | [                  | ] Change                  | Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                                                              | ☐ Delete                            | TITLE NAME STREET A                    | 1                                                 |                   |                         |                    | ] Change                  | Addition            |
| indicated                                      | certify that the information supplied w<br>on this report is true and accurate ar<br>ability company or the receiver or trus | nd that my signature shall have     | e the same le                          | gal effect as if m                                | iade under oath   | ı; that I am a mana     | urther certify the | at the info<br>or manage  | rmation<br>r of the |



# ATTACHMENT Division of Corporations

#### 2007 Annual Report

Listed below is the most recent information reported for the entity.

Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number L06000081302

Business Entity Name GENE GERKEY HOME INSPECTIONS LLC

Original File Date 08/16/2006

FEI Number

Principal Address 2213 OWASSO CT

ORLANDO, FL 32818

Mailing Address 2213 OWASSO CT

ORLANDO, FL 32818

Registered Agent WARREN E GERKEY

2213 OWASSO CT ORLANDO, FL 32818

Managing Member/Manager Name And Address

MGRM WARREN E GERKEY 2213 OWASSO CT ORLANDO, FL 32818

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