

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083711

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** HOME INVENTORY PROTECTION PROGRAM LLC

**Current Principal Place of Business:**

8057 STIRLING FALLS CIRCLE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 992  
TALLEVAST, FL 342700992

**New Mailing Address:**

8057 STIRLING FALLS CIRCLE  
SARASOTA, FL 34243

FEI Number: 33-1144145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, DEBORAH A  
8057 STIRLING FALLS CIRCLE  
SARASOTA, FL 34243 US

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

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: MGR ( ) Delete  
Name: WILLIAMS, DEBORAH A  
Address: 8057 STIRLING FALLS CIRCLE  
City-St-Zip: SARASOTA, FL 34243

Title: MGR (X) Delete  
Name: CROSCHERE, LAURA J  
Address: 4367 DEER FIELD DRIVE  
City-St-Zip: SARASOTA, FL 34233

**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: DEBORAH A WILLIAMS

MGR

03/27/2008

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