

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000099596

FILED
Apr 10, 2007
Secretary of State

Entity Name: HOME INSPECTIONS LLC

Current Principal Place of Business:

4785 58TH AVE NORTH
SAINT PETERSBURG, FL 33714 US

New Principal Place of Business:

Current Mailing Address:

4785 58TH AVE NORTH
SAINT PETERSBURG, FL 33714 US

New Mailing Address:

FEI Number: 01-0876657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHALLEY, TOM
4773 58TH AVE NORTH
SAINT PETERSBURG, FL 33714 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: PRES () Delete
Name: TAYLOR, DARINKA
Address: 4773 58TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: PRES () Delete
Name: KLEM, HAROLD
Address: 4773 58TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: PRES () Delete
Name: SANDRA, KLEM
Address: 4773 58TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: PRES () Delete
Name: CALHOUN, CHRISTOPHER R
Address: 4773 58TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

ADDITIONS/CHANGES:

Title: WHAL (X) Change () Addition
Name: STODART, MICHAEL R
Address: 4773 58TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: TOM WHALLEY

CEO

04/10/2007

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