

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000060988

**FILED**  
**Nov 12, 2008**  
**Secretary of State****Entity Name:** DRH HOME INSPECTIONS, LLC**Current Principal Place of Business:**15826 DELAPLATA LN  
NAPLES, FL 34110**New Principal Place of Business:**15826 DELAPLATA LN  
NAPLES, FL 34119**Current Mailing Address:**15826 DELAPLATA LN  
NAPLES, FL 34110**New Mailing Address:**15826 DELAPLATA LN  
NAPLES, FL 34119**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MERCER, JOHN R  
15826 DELAPLATA LN  
NAPLES, FL 34110 US**Name and Address of New Registered Agent:**MERCER, JOHN R  
15826 DELAPLATA LN  
NAPLES, FL 34119 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: JOHN R MERCER

11/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: HERRENBRUCK, DANIEL R  
Address: 7503 BRISTOL CIRCLE  
City-St-Zip: NAPLES, FL 34120 USTitle: MGR (X) Delete  
Name: HERRENBRUCK, ERIN M  
Address: 7503 BRISTOL CIRCLE  
City-St-Zip: NAPLES, FL 34120 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change ( ) Addition  
Name: TREELINE CONTRACTING, LLC  
Address: 15826 DELAPLATA LANE  
City-St-Zip: NAPLES, FL 34119 USTitle: ( ) 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: JOHN R MERCER

MGR

11/12/2008

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