

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070974

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: EXECUTIVE HOME INVENTORY, LLC

**Current Principal Place of Business:**

300 COLONY DRIVE  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 COLONY DRIVE  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 26-3101153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GALLAGHER, DONALD P  
300 COLONY DRIVE  
CASSELBERRY, FL 32707 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: GALLAGHER, VICTORIA J  
Address: 300 COLONY DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR ( ) Delete  
Name: GALLAGHER, DONALD P  
Address: 300 COLONY DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GALLAGHER, DONALD P  
Address: 300 COLONY DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR (X) Change ( ) Addition  
Name: GALLAGHER, VICTORIA J  
Address: 300 COLONY DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

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: DONALD P GALLAGHER

MGR

01/16/2009

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