


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000692 BUY RITE HOME AND BUILDING INSPECTION SERVICES L.C. RT #2 BOX 2014 3140 N.W. 20th St. BELL FL 32619		1a. Principal Place of Business Address RT #2 BOX 2014 BELL FL 32619	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business RT #2 BOX 2014 3140 N.W. 20th St. Suite, Apt. #, etc.		2a. Mailing Address RT #2 BOX #2014 Suite, Apt. #, etc.	
City & State BELL, FL.		City & State BELL, FL.	
Zip 32619		Country U.S.A.	
3. Date Organized or Qualified 06/24/1996		3a. State of Formation FL	
4. Date of Last Report JUNE 24, 1996		5. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent HINES, PHILIP A RT #2 BOX 2014 BELL FL 32619		8. Name and Address of New Registered Agent Name PHILIP A. HINES Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent; and accept the obligations. SIGNATURE <u>Philip A. Hines</u> DATE <u>4/9/97</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HINES, PHILIP A	RT #2 BOX 2014	BELL FL
MGRM	HINES, Patricia A.	RT #2 BOX 2014	BELL FL
MGRM	HINES, RICHARD L	RT #2 BOX 2014	BELL FL
			300002184643--8 -05/20/97--01029--023 ****212.50 ****212.50 JB 4/15/97
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>Philip A. Hines</u> PHILIP A. HINES 4/9/97 (352) 463-3636 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			