2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M02000003152

1. Entity Name

HOMETEAM PEST DEFENSE, LLC



Principal Place of Business

2728 NORTH HARWOOD ST DALLAS, TX 75201-1516

Malling Address

P.O. BOX 199000 TAX DEPT. DALLAS, TX 75219

FILED

Feb 27, 2006 08:00 AM

Secretary of State

DO NOT WRITE IN THIS SPACE

01252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 68-0528893

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

DO NOT WRITE

	SSEE, FL 32301-2525			IN	THIS S	PACE	
	named entity submits this statement for the purpose of char tions of registered agent.	nging its register	ed office or r	registered agent, o	r both, in the State of	Florida. Ta rn far niliar with	and accept
SIGNATURE.	Stgrature, typed or printed name of registered agent and title if envitoable	(NOTE. Registere	ed Agent signaturi	e required when reinstaling	9)	DATE	
FI	lling Fee Is \$50.00 ue by May 1, 2008				-		
9.	MANAGING MEMBERS/MANAGERS		1				
title Name Street address City-Si-Zip	MGR ELLER, TIMOTHY R 2728 NORTH HARWOOD ST DALLAS, TX 75201			•	1 1 1 		
TITLE NAME STINEET ADDRESS CITY-ST-ZIP	MGR WORAM, BRIAN J 2728 NORTH HARWOOD ST DALLAS, TX 752011516				.00000 03/03/06	19447774 1-80070-006 SC	3,88
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWARTZ, ROBERT M 2728 NORTH HARWOOD ST DALLAS, TX 752011516			D(NOT V	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN.	THIS S	PACE	·
TITLE NAME STREET ADDRESS				· •		.=. /.	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Michael Nocvell

214-981-5000

Deytime Phone #