

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022773

FILED
Feb 02, 2006
Secretary of State

Entity Name: CERTIFIED BACKFLOW TESTING OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

1432 NIOBE CT.
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

1432 NIOBE CT.
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 51-0463667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, LAWRENCE H
341 N. MAITLAND AVE., STE. 120
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BLUM, LONNIE
1432 NIOBE CT
ORLANDO, FL 32822 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: LONNIE BLUM

02/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LONNIE, BLUM
Address: 1432 NIOBE CT
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

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: LONNIE BLUM

MGR

02/02/2006

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