

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90276 017 ****50.00



DOCUMENT # L03000044980

1. Entity Name

DAY-STAR PLUMBING, L.L.C.

Principal Place of Business

126 BRIDLE PATH
 ARCADIA FL 34266

Mailing Address

126 BRIDLE PATH
 ARCADIA FL 34266

2. Principal Place of Business

126 Bridle Path

Suite, Apt. #, etc.

3. Mailing Address

126 Bridle Path

Suite, Apt. #, etc.



MOORE CR2E083 (11/03)

City & State

Arcadia FL

Zip
 34266

Country
 DeSoto

City & State

Arcadia FL

Zip
 34266

Country
 DeSoto

4. FEI Number

80-0090875

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.
 124 NORTH BREVARD AVENUE
 ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR Delete
 NAME: DAVIS, BRUCE
 STREET ADDRESS: 126 BRIDLE PATH
 CITY-ST-ZIP: ARCADIA FL 34266

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I 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 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.

SIGNATURE:

Bruce Edward Davis
 Bruce Edward Davis

4-6-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #