

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000273

1. Entity Name
ROCK CITY MECHANICAL COMPANY, LLC



Principal Place of Business
**2715 GRANDVIEW AVE.
 NASHVILLE, TN 37211**

Mailing Address
**P.O. BOX 40446
 NASHVILLE, TN 37204**



01232004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1857621	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEHBY, JOHN C 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDLEN, LARRY H 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, ROBERT C 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANIER, TONY J 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/12/04-80092-015 50.00

**DO NOT WRITE
 IN THIS SPACE**

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: _____

1-25-04

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

Date

Daytime Phone #