


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 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
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01052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1857621	Applied For <input type="checkbox"/> 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)

Filing Fee is \$50.00 Due by May 1, 2005

02/01/05-80008-019 50.00

9. MANAGING MEMBERS/MANAGERS

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

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: *John C. Wehby* Date: *1/23/05* 615 251-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #