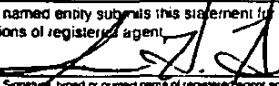


FILED
May 18, 2007 8:00 am
Secretary of State

04-30-2007 90074 027 ***150.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000032661			
1. Entity Name J.H.H. PLUMBING, LLC			
Principal Place of Business 295 AIRPORT ROAD NORTH NAPLES, FL 34104		Mailing Address 295 AIRPORT ROAD NORTH NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box # 299 Airport Road, North		3. Mailing Address 299 Airport Road, North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34104	Country US	Zip 34104	Country US
4. FEI Number 20-4504736		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HAYES, JASON H 295 AIRPORT ROAD NORTH NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) 299 Airport Road, North City Naples FL Zip Code 34104	
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  (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, JASON H 295 AIRPORT ROAD NORTH NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	299 Airport Road, North Naples, FL 34104 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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 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  DATE _____ Daytime Phone # _____			