2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -7 AM 8:01

DOCUMENT # B98000000650

1. Entity Name

PM CONSTRUCTION & REHAB, L.P.

Principal Place of Business
131 N RICHEY
PASADENA TX 77506

Mailing Address
131 N RICHEY
PASADENA TX 77506

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1645414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~RAX CO.~~ PM CONSTRUCTION & REHAB, LP
~~50 NORTH LAURA STREET, SUITE 3300~~ 2078 N. LANE AVE
JACKSONVILLE FL ~~32202~~ 32254
ATTN: BRANDT CURVEL

7. Name and Address of New Registered Agent

Name BRANDT CURVEL - PM CONSTRUCTION & REHAB
Street Address (P.O. Box Number is Not Acceptable) 2078 N. LANE AVE
City JACKSONVILLE FL Zip Code 32254

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] CONTROLLER 4/3/08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M07000004424	STREET ADDRESS	
NAME	INLAND PIPE REHABILITATION LLC		
STREET ADDRESS	2021 S SCHAEFER HWY	CITY-ST-ZIP	
CITY-ST-ZIP	DETROIT MI 48217		
DOCUMENT #		STREET ADDRESS	900128678689 05/07/08--01005--009 **500.00
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] CFO - Inland Pipe Rehabilitation, LLC 4-3-08 313-841-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #