

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
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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

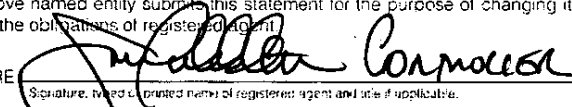
4. FEI Number 62-1645414	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent RAX CO. PM CONSTRUCTION & REHAB, LP 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE FL 32202 2078 N. LANE AVE JACKSONVILLE FL 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	
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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.

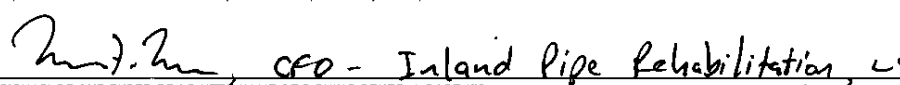
SIGNATURE  DATE **4/3/08**

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 # NAME STREET ADDRESS CITY-ST-ZIP	M07000004424 INLAND PIPE REHABILITATION LLC 2021 S SCHAEFER HWY DETROIT MI 48217	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900128678689 05/07/08--01005--009 **\$500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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:  **4-3-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **ceo - Inland Pipe Rehabilitation, LLC** **313.841.5300**

STAPLE CHECK HERE