



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90128 028 ****50.00

DOCUMENT # L01000018858 1. Entity Name SHAW MECHANICAL SERVICES, LLC					
Principal Place of Business 2404 N. RIO GRANDE AVENUE ORLANDO, FL 32804				Mailing Address 2404 N. RIO GRANDE AVENUE ORLANDO, FL 32804	
2. Principal Place of Business 4500 Parkbreeze Ct Suite, Apt. #, etc.		3. Mailing Address 4500 Parkbreeze Ct Suite, Apt. #, etc.			
City & State Orlando, FL Zip 32808 Country US		City & State Orlando, FL Zip 32808 Country US		4. FEI Number 59-3753279	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBBINSON, WILLIAM H 2404 N. RIO GRANDE AVENUE ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name Robbison, William H. Street Address (P.O. Box Number is Not Acceptable) 4500 Parkbreeze Ct City Orlando FL Zip Code 32808	
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 <u><i>William H. Robinson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, DAVID L		NAME	Shaw, David L.	
STREET ADDRESS	2404 N. RIO GRANDE AVENUE		STREET ADDRESS	4500 Parkbreeze Ct	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando, FL 32808	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>David L. Shaw</i></u> 8/19/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					