

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90190 030 \*\*\*\*50.00

<b>DOCUMENT # L02000009727</b> 1. Entity Name <b>AIR PRO COOLING &amp; HEATING, L.L.C.</b>					
Principal Place of Business <b>4220 49TH ST N SAINT PETERSBURG, FL 33709</b>			Mailing Address <b>P.O. BOX 40836 SAINT PETERSBURG, FL 33743</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ORTICK, RODNEY A 1311 COUNTRY CLUB RD N SAINT PETERSBURG, FL 33710</b>				Name <b>ORRICK Rodney A.</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>1362 ROBINSON DR. N.</b>	
				City <b>ST. PETERSBURG</b>	Zip Code <b>FL 33710</b>
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 reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ORRICK, RODNEY 1311 COUNTRY CLUB RD N SAINT PETERSBURG, FL 33710</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ORRICK Rodney 1362 ROBINSON DR N ST. PETERSBURG FL 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MEYER, CHESTER 8410 WEST GULF BLVD SAINT PETERSBURG, FL 33706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HADDIS, WILLIAM 1114 WINLSON HILL WAY TARPOON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HADDIS William 1114 WINDON HILL WAY TARPOON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: <u>Rodney Orrick</u> <u>Rodney Orrick</u> <u>2/2/04</u> <u>727-347-7767</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					