

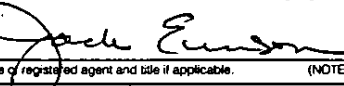



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90096 014 \*\*\*\*55.00

<b>DOCUMENT # L02000012182</b> 1. Entity Name THE COOLING TOWER COMPANY, L.C.					
Principal Place of Business <del>7800 113TH STREET NORTH, STE. 202</del> <del>SEMINOLE, FL 33772</del>			Mailing Address P.O. BOX 14734 CLEARWATER, FL 33766		
2. Principal Place of Business 413 S. BAYSHORE BLVD. Suite, Apt. #, etc. #3		3. Mailing Address  Suite, Apt. #, etc.			
City & State SAFETY HARBOR, FL		City & State  		4. FEI Number 03-0447681	
Zip 34695		Country PINELLAS		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>HAWKINS, DAVID J.</del> <del>7800 113TH STREET NORTH, STE. 202</del> <del>SEMINOLE, FL 33772</del>				7. Name and Address of New Registered Agent Name JACK EUNSON Street Address (P.O. Box Number is Not Acceptable) 413 S. BAYSHORE BLVD #3 City SAFETY HARBOR FL Zip Code 34695	
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  JACK EUNSON 6-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR EUNSON, JACK 413 SOUTH BAYSHORE BLVD. APT. #3 SAFETY HARBOR, FL 34695			TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EUNSON JACK 413 S. BAYSHORE BLVD #3 SAFETY HARBOR, FL 34695
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
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 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:  JACK EUNSON 6-26-06 727-872-7610 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					