

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007947

FILED
Jan 18, 2006
Secretary of State

Entity Name: AARON'S PLUMBING SERVICE, LLC

Current Principal Place of Business:

3900 MANNIX DRIVE
#120
NAPLES, FL 34114

New Principal Place of Business:

3900 MANNIX DRIVE
#120
NAPLES, FL 34114 US

Current Mailing Address:

3900 MANNIX DRIVE
#120
NAPLES, FL 34114

New Mailing Address:

3900 MANNIX DRIVE
#120
NAPLES, FL 34114 US

FEI Number: 61-1445770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOKANSON, KAREN
3900 MANNIX DRIVE
#120
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

HOKANSON, KAREN F
3900 MANNIX DRIVE
#120
NAPLES, FL 34114 US

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.

SIGNATURE: KAREN HOKANSON

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOKANSON, KAREN F
Address: 3900 MANNIX DRIVE, #120
City-St-Zip: NAPLES, FL 34114 US

Title: MGR () Delete
Name: HOKANSON, AARON R
Address: 3900 MANNIX DRIVE, #120
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN HOKANSON

VP

01/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date