2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028537

Entity Name: PAT'S PUMP & BLOWER, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
630 WEST CHURCH STREET ORLANDO, FL 32805	

Current Mailing Address:	**New Mailing Address:**
630 WEST CHURCH STREET ORLANDO, FL 32805	

FEI Number: 04-3769717   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FINKBEINER, FRANK G ESQ. 108 E. HILLCREST STREET ORLANDO, FL 32801 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	FENDER, KEVIN A	Name:	FENDER, KEVIN A
Address:	1775 DRULINER ROAD	Address:	1775 DRULINER ROAD
City-St-Zip:	ST. CLOUD, FL 34771	City-St-Zip:	ST. CLOUD, FL 34771

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FENDER, PATRICK A	Name:	
Address:	10494 STEVEN DR.	Address:	
City-St-Zip:	POLK CITY, FL 33868	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	LE, MAN T	Name:	LE, MAN T
Address:	2009 CROSSHAIR CIRCLE	Address:	1793 DERBY GLEN DR
City-St-Zip:	ORLANDO, FL 32837	City-St-Zip:	ORLANDO, FL 32837

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: KEVIN A FENDER   MGRM   01/17/2006

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