


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000028537 1. Entity Name PAT'S PUMP & BLOWER, L.L.C.	
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Principal Place of Business 630 WEST CHURCH STREET ORLANDO, FL 32805	Mailing Address 630 WEST CHURCH STREET ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3769717	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FENDER, KEVIN A 1775 DRULINER ROAD ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FENDER, PATRICK A 10494 STEVEN DR. POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LE, MAN T 1793 DERBY GLEN DR ORLANDO, FL 32837
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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:  **KEVIN A FENDER** *MGRM / V Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **1-10-07** **800 359 7867**
Date Daytime Phone #