

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000028537	
1. Entity Name PAT'S PUMP & BLOWER, L.L.C.	

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



02062008 No Chg-LLC CR2E083 (12/07)

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

FINKBEINER, FRANK G ESQ.
 108 E. HILLCREST STREET
 ORLANDO, FL 32801

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

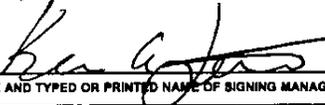
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000821377
 02/19/08-90022-009 143.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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** 2/6/08 800-359-7867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #