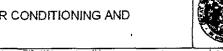
2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000035453

1. Entity Name

SPRINGER BROTHERS AIR CONDITIONING AND HEATING, LLC



Principal Place of Business

5927 STATE RD. 542 W. WINTER HAVEN, FL 33880 US Mailing Address 5927 STATE RD. 542 W.

WINTER HAVEN, FL 33880 US

FILED Feb 02, 2007 08:00 AM Secretary of State



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0231873

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, STEPHEN D 1048 E. OLEANDER ST. LAKELAND, FL 33801

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

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	named entity submits this statement for the purpose of chartions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Senature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent agreeure required when reinstating)	CATE		
	iling Fee is \$50.00 ue by May 1, 2007	The second secon			
9.	MANAGING MEMBERS/MANAGERS		T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, STEPHEN D 1048 EAST OLEANDER STREET LAKELAND, FL 33801				
NAME STREET ADDRESS CITY-ST-ZIP	VP SPRINGER, JOSEPH E 5927 S.R. 542 WINTER HAVEN, FL 33880		000000617678 02/07/07-80083-023_50 <u>.00</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, MATTHEW 1048 EAST OLEANDER STREET LAKELAND, FL 33801	DO	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T FREEMAN, HEATHER 1048 EAST OLEANDER STREET LAKELAND, FL 33801	IN '	IN THIS SPACE		
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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:	Joseph	E 2	Joseph E, S	PRINGE 2-1-07	(863)967-0449
	PRED OR PRINTED	FAME OF SIGNING MANAGERS M	EMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone it