


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90174 019 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000035792</b>                        |  |
| 1. Entity Name<br><b>HOSE HUGGERS PUMPING, L.L.C.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2975 ADMIRAL STREET<br/>FT. PIERCE, FL 34982</b> | Mailing Address<br><b>2975 ADMIRAL STREET<br/>FT. PIERCE, FL 34982</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>3306 Enterprise Road</b> | 3. Mailing Address<br><b>3306 Enterprise Road</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                               |

|   |   |
|---|---|
| City & State<br><b>Fort Pierce, Florida</b> | City & State<br><b>Fort Pierce, Florida</b> |
| Zip<br><b>34982</b>                         | Country<br><b>USA</b>                       |
| Zip<br><b>34982</b>                         | Country<br><b>USA</b>                       |

01272005 Chg-LLC CR2E083 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>54-2127320</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DEAN, DOYLE<br/>2975 ADMIRAL STREET<br/>FT. PIERCE, FL 34950</b>                  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

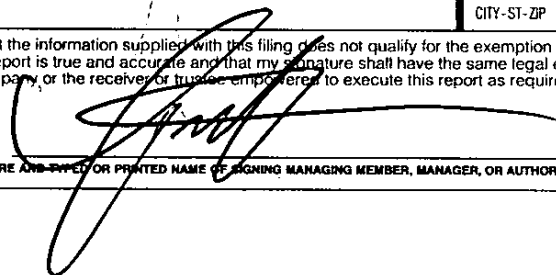
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>DOYLE, DEAN<br>2975 ADMIRAL STREET<br>FT. PIERCE, FL 34982 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3306 Enterprise Road<br>Fort Pierce, Florida 34982 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>DOYLE, MICHAEL<br>2975 ADMIRAL STREET<br>FT. PIERCE, FL 34982 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3306 Enterprise Road<br>Fort Pierce, Florida 34982 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

|   |                        |  |
|---|------------------------|--|
| <b>SIGNATURE:</b>  | Date<br><b>2/16/05</b> | Daytime Phone #<br><b>772-464-2378</b> |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                        |  |