2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Jan 10, 2006 08:00 AM DOCUMENT # L03000044096 **Secretary of State EDENS HEATING AND AIR LLC** Principal Place of Business Mailing Address 3029-85 WEST THARPE 4244 TENNESSEE STREET, #129 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32304 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1217537 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent **EDENS, DAVID** DO NOT WRITE 2540 SHADOWWOOD DRIVE TALLAHASSEE, FL 32305 IN THIS SPACE the obligations of registered agent.

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 Floriga. I am familiar with, and accept (NOTE, Registered Agent signature required when reinstating)

Filling Fee is \$50.00

9.	MANAGING MEMBERS/MANAGERS	and the second s
NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDENS, DAVID 2540 SHADEWOOD DR. TALLAHASSEE, FL 32305	U00000381553
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGR EDENS, JAMES 5800 JODPHER CT. TALLAHASSEE, FL 32303	01/11/06-80059-009 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZP		DO NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME SIRECT ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Applied For

\$5.00 Additional

Fee Required

Not Applicable