


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000045016 1. Entity Name JAMIES AIR CONDITIONING COMPANY LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 121 B SOUTH LITHIA PINECREST RD BRANDON, FL 33511 US | Mailing Address PO BOX 1144 BRANDON, FL 33509 US |
|--|--|



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 42-1609787 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**TUCKER, JAMIE T
13023 WATERFORD RUN DR
RIVERVIEW, FL 33569**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TUCKER, JAMIE T 13023 WATERFORD RUN DR RIVERVIEW, FL 33569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000382382
01/12/06-80008-011 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

Jamie Tucker

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

Date

Daytime Phone #

1-5-06