


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90207 004 \*\*\*\*55.00

<b>DOCUMENT # L03000045016</b>		
1. Entity Name <b>JAMIES AIR CONDITIONING COMPANY LLC</b>		

Principal Place of Business <b>121 B SOUTH LITHIA PINECREST RD BRANDON, FL 33511 US</b>	Mailing Address <b>PO BOX 1144 BRANDON, FL 33509 US</b>
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2. Principal Place of Business - No P.O. Box # <b>207 Lithia Pinecrest Rd</b>	3. Mailing Address <b>207 Lithia Pinecrest Rd</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Brandon FL</b>	City & State <b>Brandon FL</b>
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Zip <b>33511</b>	Country <b>US</b>	Zip <b>33511</b>	Country <b>US</b>
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01042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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<b>TUCKER, JAMIE T</b> <b>13023 WATERFORD RUN DR</b> <b>RIVERVIEW, FL 33569</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<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 *Jamie T. Tucker* DATE *1-6-07*

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

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUCKER, JAMIE T 13023 WATERFORD RUN DR RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 T. Tucker* DATE *1-6-07* DAYTIME PHONE # *(813) 685-8027*

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