

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90010 033 \*\*\*\*55.00

DOCUMENT # L03000045334

1. Entity Name  
TEMPERATURE CONTROL A/C, LLC



Principal Place of Business  
10 S LEONARDI STREET  
ST. AUGUSTINE, FL 32084 US

Mailing Address  
10 S LEONARDI STREET  
ST. AUGUSTINE, FL 32084 US

14024918



2. Principal Place of Business  
10 South Leonardi St.  
Suite, Apt. #, etc.  
ST Augustine FL.

3. Mailing Address  
10 South Leonardi St.  
Suite, Apt. #, etc.  
ST Augustine FL.

07022004 Chg-LLC CR2E083 (10/03)

City & State  
ST Augustine FL.  
Zip  
32084  
Country  
ST Johns

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ST Augustine FL.  
Zip  
32084  
Country  
ST Johns

4. FEI Number  
EIN 55 0853614  
Applied For  
Not Applicable

5. Certificate of Status Desired  
X \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JAMES C  
10 S LEONARDI STREET  
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name  
James C. Adams  
Street Address (P.O. Box Number is Not Acceptable)  
10 South Leonardi St.  
City  
ST Augustine FL  
Zip Code  
32084

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 James C Adams  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-04

Filing Fees \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADAMS, JAMES C  
10 S. LEONARDI ST.  
ST. AUGUSTINE, FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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.

SIGNATURE: James C. Adams  
Signature, typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

7-7-04