2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: William B. Holland, In

| 1, Entity Name | | | | Secretary of State | |
|---|--|---|---|---|---|
| BILL HOL | LAND HEATING & AIR CO | NDITIONING, LLC | | | • |
| Principal Place of Business | | Mailing Address | | | |
| 3259 ROBINHOOD ROAD TALLAHASSEE FL 32312 | | 3259 ROBINHOOD ROAD TALLAHASSEE FL 32312 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | T ISSUENT BIT SEINE HAN ERUT BRIN BRIN ER | ik maliki menga (mila i mali kadal kil dadi |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE C | H2E083 (10/05) |
| City & State | | City & State | | 4. FEI Number 26-1867556 | Applied For Not Applicat |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Reg | |
| HOLLAND, WILLIAM B JR. 3259 ROBINHOOD ROAD TALLAHASSEE FL 32312 | | | Street Address | treet Address (P.O. Box Number is Not Acceptable) | |
| | | | City | | FL Zip Cade |
| | named entity submits this statement tions of registered agent. | for the purpose of changing it | s registered office or regi | stered agent, or both, in the State of Flori | da. 1 am familiar with, and acce |
| SIGNATORE | Signalure, typed or printed name of registered age | ont and title if applicable. (NO | TE Registered Agent signature req | uired when reinstaling) | DATE |
| | | Make Check Paya | IOW!!! FEE IS \$50.0 ble to Florida Departi Le By May 1, 2006 | | 045-010 50.00 |
| 9. MANAGING MEMBERS/MANAGERS | | 10. | ADDITIONS/C | · · | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | MGRM HOLLAND, WILLIAM B JR. 3259 ROBINHOOD ROAD TALLAHASSEE FL 32312 | Celets | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delicte | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change [] Alijiiii |
| TITCE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delote | 717LE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS GXY-ST-ZIP | | ☐ Deleie | TITLE NAME STRICET ADDRESS CUY-SI-ZDP | | ☐ Change ☐ Are part |
| TITLE MAME STREET ADORESS CITY-ST-ZIP | | C) Oelete | HTTLE MAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Arkdiii |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Ocleto | HTLE NAME STREET ADDRESS CATY-ST-ZAP | | ☐ Change ☐ Add™ |
| indicated | certify that the information supplied on this report is true and accurate ability company or the receiver or tru | and that my signature shall ba | ave the same legal effect. | ained in Section 119, Florida Statutes. I i as if made under oath; that I am a man Chapter 603, Florida Statutes. | further certify that the information aging member or manager of the |

FILED

2/16/06 545-2628

Feb 17, 2006 08:00 AM