## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 24, 2008 08:00 A **DOCUMENT # L03000049224 Secretary of State** 1. Entity Name JENNINGS SPRINKLER SYSTEM, LLC Principal Place of Business Mailing Address 3524 28TH AVENUE SOUTH 3524 28TH AVENUE SOUTH ST.PETERSBURG, FL 33711 ST.PETERSBURG, FL 33711 03142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3265798 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JENNINGS, MITCHELL DO NOT WRITE 3524 28TH AVENUE SOUTH ST.PETERSBURG, FL 33711 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 80047-023 138.75 TITLE . **MGRM** JENNINGS, MITCHELL 3524 28TH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP ST.PETERSBURG, FL 33711 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP