## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000051232**

1. Entity Name

JERRY LAMBERT AIR CONDITIONING & HEATING SERVICE, LLC



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

1587 BAL-ALEX BLVD. GULF BREEZE, FL 32563 Mailing Address

1587 BAL-ALEX BLVD. GULF BREEZE, FL 32563



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
26-1049068		Not Applicable
5. Certificate of Status Desired	\$5.00	D Additional

6. Name and Address of Current Registered Agent

LAMBERT, JERRY 1587 BAL-ALEX BLVD. GULF BREEZE, FL 32563 DO NOT WRITE
IN THIS SPACE

9. MANAGING MEMBERS/MANAGERS	₹95000 to 1950000 to 19500000	
Filing Fee is \$50.00 Due by May 1, 2007		000000578350 01/09/07-80025-016 50.00
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE		
8. The above named entity submits this statement for the purpose of the obligations of registered agent.	changing its registered office or registered agent, or bot	h, in the State of Florida. I am famillar with, and accept

9.	MANAGING MEMBERS/MANAGERS
TITLE	WN
NAME	LAMBERT, JERRY
STREET ADDRESS	1587 BAL-ALEX BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32563
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 ADORESS	
CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filling does not qualify for the e

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 tryistee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE

SNATURE AND TYPEZ OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

1-4-01

850-995-69

Daytime Phone #