2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052070

1. Entity Name
ROBERT L. SKIPPER PLUMBING L.L.C.

Principal Place of Business	Mailing Address
2995 PARK STREET MARIANNA, FL 32446	2995 PARK STREET MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

04182006No Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2116027
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent:

SKIPPER, ROBERT L
2995 PARK STREET
MARIANNA, FL 32446

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SKIPPER, ROBERT
STREET ADDRESS	2995 PARK STREET
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/06/06-80054-011 50.00

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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: Robert L Skipper Robert L Skipper 4-21-06 850-482-4838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #