

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000053300 1. Entity Name CHRIS CURRY PLUMBING L.L.C.	
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Principal Place of Business 1571 STONE RD. BLDG. 10-B TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 4124 TALLAHASSEE, FL 32315
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04062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

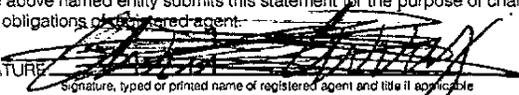
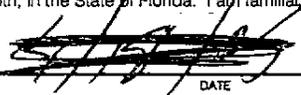
4. FEI Number 20-1028669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CURRY, CHRIS
1571 STONE RD. BLDG. 10-B
TALLAHASSEE, FL 32303

**DO NOT WRITE
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 the registered agent:

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 

**Filing Fee is \$50.00
Due by May 1, 2005**

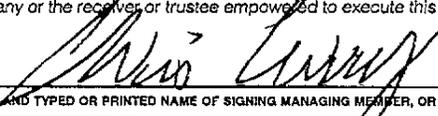
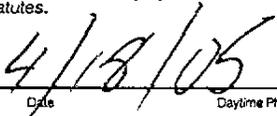
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, CHRIS P.O. BOX 4124 TALLAHASSEE, FL 32315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000315900
04/19/05-80049-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  Date:  Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE