

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90045 004 \*\*\*\*50.00

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<b>DOCUMENT # L03000055043</b> 1. Entity Name <b>JESSUP PLUMBING LLC</b>					
Principal Place of Business <b>4925 ZODIAC AVENUE HOLIDAY, FL 34690</b>			Mailing Address <b>4925 ZODIAC AVENUE HOLIDAY, FL 34690</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>5162 Arthur Ave.</b> City & State <b>New Port Richey, FL</b> Zip <b>34652</b>		3. Mailing Address Suite, Apt. #, etc. <b>5162 Arthur Ave.</b> City & State <b>New Port Richey, FL</b> Zip <b>34652</b>		04272005    Chg-LLC    CR2E083 (10/03)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>JESSUP, KEITH E 4925 ZODIAC AVENUE HOLIDAY, FL 34690</b>	
7. Name and Address of New Registered Agent Name <b>Jessup, Keith E</b> Street Address (P.O. Box Number is Not Acceptable) <b>5162 Arthur Ave</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>				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 <i>Keith E. Jessup</i> DATE <b>4/22/05</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM JESSUP, KEITH E 4925 ZODIAC AVENUE HOLIDAY, FL 34690</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM JESSUP, Keith E. 6152 Arthur Ave. New Port Richey, FL 34652</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Keith E. Jessup</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/22/05</b> Daytime Phone #		