· FILED 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT Jan 31, 2007 08:00 AM DOCUMENT # L03000055342 **Secretary of State** 1. Entity Name HERITAGE MECHANICAL SERVICES OF HIGH SPRINGS, L.L.C. Mailing Address Principal Place of Business 23349 NW CR 236 STE 20 18407 NW 272ND TERRACE HIGH SPRINGS, FL 32643 HIGH SPRINGS, FL 32643 CR2E083 (11/05) 01042007 No Chg-LLC DO NOT WRITE IN THI 4. FEI Number 20-0514715 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COMLY, JOHN M **18407 NW 272ND TERRACE** HIGH SPRINGS, FL 32643 IN THIS SPACE

8.	The above named entity submits this statement for the purpose	of changing its registered office or registered agent	l, or both	, in the State of Fiorida.	I am familiar with,	and accept
	the obligations of registered agent.					

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

(NOTE Registered Agent signature required when reinstating)

UNDONOSI 20194 02/02/07-80092-010 150.00

Applied For

Not Applicable

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP	MGRM COMLY, JOHN M 18407 NW 272ND TERRACE HIGH SPRINGS, FL 32643					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 professor trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #