


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90033 032 \*\*\*\*50.00

<b>DOCUMENT # L03000056135</b>	
1. Entity Name <b>ALEXANDER PLUMBING LLC</b>	

Principal Place of Business <b>4383 CAROLWOOD ST ORLANDO FL 32812 US</b>	Mailing Address <b>4383 CAROLWOOD ST ORLANDO FL 32812 US</b>
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2. Principal Place of Business <b>4383 Carolwood St</b>	3. Mailing Address <b>4383 Carolwood St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State <b>Orl FL</b>	City & State <b>Orl FL</b>
Zip <b>32812</b>	Zip <b>32812</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent <b>ALEXANDER, JOSEPH H 4383 CAROLWOOD STREET ORLANDO FL 32812</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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>Joseph H. Alexander</i>	DATE <b>March 6 06</b>

<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete
NAME <b>ALEXANDER, JOSEPH H</b>	
STREET ADDRESS <b>4383 CAROLWOOD STREET</b>	
CITY-ST-ZIP <b>ORLANDO FL 32812</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <i>Joseph H. Alexander</i>	DATE: <b>3/6/06</b>	DAYTIME PHONE: <b>407 251 7514</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		