2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L03000056973

1. Entity Name

DON MCCARTER PLUMBING COMPANY, LLC



FILED Apr 20, 2006 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4793 LENOX AVE IACKSONVILLE, FL 32205 4793 LENOX AVE LACKSONVILLE, FL 32205



04172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0492674 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTER, DON 4793 LENOX AVE JACKSONVILLE, FL 32205

SIGNATURE:

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his configurate or registere or agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and bits if applicable	(NOTE. Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGR MCCARTER, DON 4793 LENOX AVE JACKSONVILLE, FL 32205		U00000520153 05/02/06-80083-011 50.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP			
title Name Street address City-SI-ZP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-JIP			
HTLE NAME STREET ACCRESS CITY-ST-ZIP			
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			

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