2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 10, 2007 8:00 am
Secretary of State
03-26-2007 90307 005 ****50.00

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1. Entity Name
DON MCCARTER PLUMBING COMPANY, LLC

Principal Place of Business	Mailing Address
4793 LENOX AVE JACKSONVILLE, FL 32205	4793 LENOX AVE JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

03132007 No 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

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 registered agent.

SIGNATURE: Don McCarter

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCCARTER, DON
STREET ADDRESS	4793 LENOX AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Don McCarter 3-4-07 904-388-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #