

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90538 013 ****55.00

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DOCUMENT # L04000000124					
1. Entity Name GLEN ATES HEATING & AIR, LLC					
Principal Place of Business RT. 6, BOX 291 MILTON, FL 32570 SR			Mailing Address RT. 6, BOX 291 MILTON, FL 32570 SR		
2. Principal Place of Business 8499 Springhill Rd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 8499 Springhill Rd. <small>Suite, Apt. #, etc.</small>		01292005 Chg-LLC CR2E083 (10/03)	
City & State - Milton, FL		City & State Milton, FL		4. FEI Number 58-2679484	
Zip 32570		Country Santa Rosa		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATES, DELMA G RT. 6, BOX 291 MILTON, FL 32570				7. Name and Address of New Registered Agent Name: <u>ATES, DELMA G</u> Street Address (P.O. Box Number is Not Acceptable): 8499 Springhill Rd. City: <u>Milton</u> FL Zip Code: <u>32570</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATES, DELMA G RT. 6, BOX 291 MILTON, FL 32570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATES, DELMA G 8499 Springhill Rd. Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
SIGNATURE: <u>Delma Glen Ates</u>				3-18-2005 (850) 957-4033	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	