2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2006
Secretary of State

DOCUMENT# L04000003333

Entity Name: SEMPERFI COOLING & HEATING LLC

Current Principal Place of Business:

929 SW JOHN MACCORMACK TERR.
PORT ST. LUCIE, FL 349532312

New Principal Place of Business:

929 SW JOHN MACCORMACK TERR.
PORT ST. LUCIE, FL 349532312 US

Current Mailing Address:

929 SW JOHN MACCORMACK TERR.
PORT ST. LUCIE, FL 349532312

New Mailing Address:

929 SW JOHN MACCORMACK TERR.
PORT ST. LUCIE, FL 349532312 US

FEI Number: 20-2800474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTWRIGHT, JOHN G
929 SW JOHN MACCORMACK TERR.
PORT ST. LUCIE, FL 349532312 US

Name and Address of New Registered Agent:

CARTWRIGHT, JOHN G MGR
929 SW JOHN MACCORMACK TERR.
PORT ST. LUCIE, FL 349532312 US

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.

SIGNATURE: JOHN G. CARTWRIGHT 02/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CARTWRIGHT, JOHN G
Address: 929 SW JOHN MACCORMACK TERR.
City-St-Zip: PORT ST. LUCIE, FL 349532312

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CARTWRIGHT, JOHN G
Address: 929 SW JOHN MACCORMACK TERR.
City-St-Zip: PORT ST. LUCIE, FL 349532312 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN G. CARTWRIGHT MGR 02/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date