
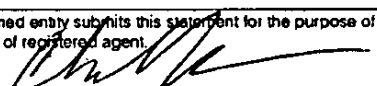
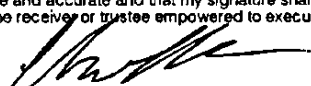


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90090 013 \*\*\*\*50.00

<b>DOCUMENT # L04000009925</b> 1. Entity Name <b>CHRIS JOHANSEN PLUMBING, LLC</b>					
Principal Place of Business 12585-71ST PLACE NORTH WEST PALM BEACH FL 33412			Mailing Address 12585-71ST PLACE NORTH WEST PALM BEACH FL 33412		
2. Principal Place of Business 12585 71st Pln		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WPB FL		City & State		4. FEI Number 270087502	
Zip 33412		Country PB		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  JOHANSEN, CHERYL 12585-71ST PLACE NORTH WEST PALM BEACH FL 33412			7. Name and Address of New Registered Agent Name: Chanel Johansen Street Address (P.O. Box Number is Not Acceptable): 12585 71st Pln City: WPB FL Zip Code: 33412		
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:  DATE: Jun 30, 05					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Chris Johansen 12585 71st Pln WPB FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cheryl Johansen 12585 71st Pln WPB FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Chris Johansen 12585 71st Pln WPB FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Chanel Johansen 12585 71st Pln WPB FL 33412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Christopher Johansen 12585 71st Pln WPB FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:  DATE: Jun 30, 05					