2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000011705

1. Entity Name

GARY STEFANS SPRINKLER WORLD, LLC



Mailing Address

518 IMPERIAL DR LARGO, FL 33771

Principal Place of Business

518 IMPERIAL DR LARGO, FL 33771 FILED Feb 04, 2008 08:00 Al Secretary of State



01072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		
	20-1853909		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name an	d Address of	Current Registere	d Agent

STEFAN, GARY 518 IMPERIAL DR LARGO, FL 33771

SIGNATURE AND TYPED

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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating) DATE			
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75				
	•				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	STEFAN, GARY J				
STREET ADDRESS	518 IMPERIAL DR				
CITY-ST-ŽIP	LARGO, FL 33771	U00000812797			
TITLE		02/12/08-80064-004 138.75			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS		DO NOT WOITE			
CITY-ST-ZIP		DO NOT WRITE			
TITLE	· · · · · · · · · · · · · · · · · · ·	IN THIS COACE			
NAME		IN THIS SPACE			
STREET ADDRESS					
CITY-ST-ZIP					
	·	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME					
STREET ADDRESS					
CHY, SI - ZIP					
· '					
NAME					
STREET ADDRESS CITY ST ZIP	Carlo	·			
11. Thereby 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 resource or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE