


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90027 018 ****50.00

DOCUMENT # L04000019339 1. Entity Name BISHOP PLUMBING COMPANY, L.L.C.	
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Principal Place of Business 166 S.E. 2ND AVE. DELRAY BEACH, FL 33444 US	Mailing Address P.O. BOX 1803 DELRAY BEACH, FL 33447 US
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14005381



2. Principal Place of Business	3. Mailing Address 3099 SEAGRAPE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03182005 Chg-LLC CR2E083 (10/03)

City & State	City & State LAKE WORTH, FLORIDA	4. FEI Number 20-0879529	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 33462	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNCAN, DONALD L 166 S.E. 2ND AVE DELRAY BEACH, FL 33444	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM DUNCAN, DONALD L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, DONALD L	NAME	
STREET ADDRESS	166 S.E. 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, SAMUEL L	NAME	
STREET ADDRESS	166 S.E. 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Donald L. Duncan* **4/19/05** 561-703-9838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #