

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR -5 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|--|--|---|--|--|
| DOCUMENT # L04000019339 1. Entity Name BISHOP PLUMBING COMPANY, L.L.C. | | | | | |
| Principal Place of Business 3099 SEAGRAPE ROAD LAKE WORTH, FL 33462 US | | | Mailing Address 3099 SEAGRAPE ROAD LAKE WORTH, FL 33462 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03282007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-0879529 | |
| Zip | | Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUNCAN, SAMUEL 3099 SEAGRAPE ROAD LAKE WORTH, FL 33462 | | | 7. Name and Address of New Registered Agent Name RICHARD KAPLAN Street Address (P.O. Box Number is Not Acceptable) 3099 SEAGRAPE ROAD City LAKE WORTH FL Zip Code 33462 | | |
| 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 | | RICHARD KAPLAN | | DATE 3-30-2007 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Amended AR is \$50.00 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUNCAN, ALEX 3099 SEAGRAPE ROAD LAKE WORTH, FL 33462 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800096513446 04/11/07--01043--019 **50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUNCAN, SAMUEL 3099 SEAGRAPE ROAD LAKE WORTH, FL 33462 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RICHARD KAPLAN 3099 SEAGRAPE ROAD LAKE WORTH, FL 33462 | <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 | MGRM RICHARD KAPLAN 3099 SEAGRAPE ROAD LAKE WORTH, FL 33462 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: | | RICHARD KAPLAN | | DATE 3-30-2007 | |
| Signature and typed or printed name of signing managing member, manager, or authorized representative | | Date | | Daytime Phone # | |