<u>__20</u>08 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 27, 2008 08:00 AM Secretary of State DOCUMENT # L04000045168 1. Entity Name PLUMBING UNLIMITED OF FLORIDA, L.L.C. Principal Place of Business Mailing Address 240 NORTH BROAD STREET P.O. BOX 3419 BROOKSVILLE, FL 34601 DUNNELLON, FL 33430 02102008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 50-1519499 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEYER, KIM DO NOT WRITE 240 NORTH BROAD STREET BROOKSVILLE FL 34601 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. 2/24/08 SIGNATURE. Signature, North or or sted nime of constreed agent and title if applicable (NOTE: Recursored Agent argusture required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGRM + NAME BLACKBURN, BARBARA 37221 ORANGE VALLEY LANE SUITE #2 STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 TITLE NAME U00000841927 03/11/08-80006-033 143.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP : TITE

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.

STREET ADDRESS CITY-ST-ZIP