

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050390

**FILED**  
**Mar 17, 2006**  
**Secretary of State**

**Entity Name:** PUMP & POWER UNLIMITED LLC

**Current Principal Place of Business:**

5018 STEPP AVE SUITE 2  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

4611 DIGNAN ST.  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

PO BOX 10819  
JACKSONVILLE, FL 322470819

**New Mailing Address:**

4611 DIGNAN ST.  
JACKSONVILLE, FL 32254

**FEI Number:** 01-0782410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAWASAKI, KIM  
4491 SWILCAN BRIDGE LANE N.  
JACKSONVILLE, FL 322245695 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KAWASAKI, KIM  
Address: 4491 SWILCAN BRIDGE LANE N.  
City-St-Zip: JACKSONVILLE, FL 322245695

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DOUGLAS MYERS

MGNM

03/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date