


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081002

1. Entity Name
 MASTER TECH INSTALLATIONS, LLC



Principal Place of Business 309 W. IDLEWILD AVE. TAMPA, FL 33604 US	Mailing Address 309 W. IDLEWILD AVE. TAMPA, FL 33604 US
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DO NOT WRITE IN THIS SPACE



03212006No Chg-LLC CR2E083 (11/05)

4. FEI Number 35-2241431	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, JOYCE A
 309 W. IDLEWILD AVE.
 TAMPA, FL FL

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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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLINA, MIKE 309 W. IDLEWILD AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINA, JOYCE A 309 W. IDLEWILD AVE. TAMPA, FL 33604
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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: Joyce A Molina Joyce A Molina 4/18/06 (813) 431-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #