


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90171 025 \*\*\*\*50.00

DOCUMENT # L05000001767	
1. Entity Name OUTHOUSE PLUMBING, LLC	

Principal Place of Business 910 11TH AVENUE SOUTH ATTN: CHRISTOPHER D. LABERTSON JACKSONVILLE, FL 32250	Mailing Address 910 11TH AVENUE SOUTH ATTN: CHRISTOPHER D. LABERTSON JACKSONVILLE, FL 32250
------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

60014104



2. Principal Place of Business 12073 Phoen St.	3. Mailing Address P.O. BOX 50165
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302006 Chg-LLC CR2E083 (11/05)

City & State Jax, FL.	City & State Jax Beach, FL.
Zip 32224	Zip 32240
Country D.V.A.	Country U.S.A.

4. FEI Number 20-2256253	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 LAMBERTSON, CHRISTOPHER D 910 11TH AVENUE SOUTH JACKSONVILLE, FL 32250	7. Name and Address of New Registered Agent Name Robert Kellow Street Address (P.O. Box Number is Not Acceptable) 12073 Phoen St. City Jax FL Zip Code 32224
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 Robert E. Kellow President Robert E. Kellow	DATE 2-6-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---------------------------------------------	------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERTSON, CHRISTOPHER D 2038 BEACH AVE. ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Kellow 12073 Phoen St. Jax, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert E. Kellow	DATE: 2-6-06 DAYTIME PHONE: 904-247-6630