2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State
05-17-2006 90090 041 ****50.00

DOCUMENT # L05000010212

1. Entity Name

TOM KOPP INSTALLATIONS, L.L.C.

Principal Place of Business	Mailing Address
1109 CLEARWATER RD DAYTONA BEACH FL 32114	1109 CLEARWATER RD DAYTONA BEACH FL 32114

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1109 Clearwater Rd	1109 Clearwater Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, Fla.	City & State: Daytona Beach, Fla.
Zip: 32114 Country: Volusia	Zip: 32114 Country: Volusia

4. FEI Number 01-0828354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOPP, TOM
1109 CLEARWATER RD
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tom Kopp - President 1109 Clearwater Rd Daytona Bch, Fla. 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas B. Kopp 7-18-06 703-675-5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #