

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1500



04282006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000014048					
1. Entity Name JORGE'S AIR CONDITIONING & REFRIGERATION LLC					
Principal Place of Business 4810 SOUTHWEST 138TH AVENUE MIAMI, FL 33175			Mailing Address 4810 SOUTHWEST 138TH AVENUE MIAMI, FL 33175		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TTK SERVICE LLC 801 BRICKELL AVENUE, SUITE 2380 MIAMI, FL 33131			Name RAFAEL J. SANCHEZ - MBA PA Street Address (P.O. Box Number is Not Acceptable) 445 GERONA AVE City CORAL GABLES FL 33146		
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		Printed Name RAFAEL SANCHEZ - MBA		DATE 4.26.06	
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	MGR VALIDO, JORGE 4810 SOUTHWEST 138TH AVENUE MIAMI, FL 33175	<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	MGR VALIDO, SANDRA 4810 SOUTHWEST 138TH AVENUE MIAMI, FL 33175	<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	
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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:		Printed Name RAFAEL SANCHEZ - MBA		DATE 4.26.06 305.779.5041	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	