

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000033567</b> 1. Entity Name <b>RICK'S PLUMBING LLC</b>					
Principal Place of Business <b>503 FRANK SHOW RD. TALLAHASSEE, FL 32312</b>				Mailing Address <b>503 FRANK SHOW RD. TALLAHASSEE, FL 32312</b>	
2. Principal Place of Business <b>503 Frank Shaw Rd.</b>		3. Mailing Address <b>503 Frank Shaw Rd</b>			
Suite, Apt. #, etc. <b>Tallahassee FL</b>		Suite, Apt. #, etc. <b>Tallahassee FL</b>		07042006 Chg-LLC CR2E083 (11/05)	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>		4. FEI Number <b>76-087963</b>	
Zip <b>32312</b> Country <b>Leon</b>		Zip <b>32312</b> Country <b>Leon</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TRYON, RICHARD 503 FRANK SHQW RD. TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>503 Frank Shaw Rd</b> City <b>FL</b> 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 <u><i>Richard L. Tryon</i></u> DATE <b>7-6-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TRYON, RICHARD 503 FRANK SHQW RD. TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>503 Frank Shaw Rd</b> <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	
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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.					
<b>SIGNATURE:</b> <u><i>Richard L. Tryon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>7-6-06</b> <small>Date</small>		<b>228-1604</b> <small>Daytime Phone #</small>

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32312