2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

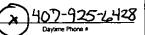
Secretary of State 03-23-2006 90269 009 ****50.00 DOCUMENT # L05000042659 1. Entity Name P & C POOL PIPING LLC Principal Place of Business Mailing Address 2301 RIDGESIDE ROAD 2301 RIDGESIDE ROAD APOPKA, FL 32712 APOPKA, FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 09P-1 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICCIANO, PETER Street Address (P.O. Box Number is Not Acceptable) 2301 RIDGESIDE ROAD APOPKA, FL 32712 City 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE PICCIANO, PETER MAME STREET ADDRESS 2301 RIDGESIDE ROAD STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP







FILED

Mar 23, 2006 8:00 am