2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNAT

S

Meny SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 13, 2006 8:00 am Secretary of State DOCUMENT #L05000082699 04-13-2006 90038 009 ****50.00 BEST VALUE AIR CONDITIONING, HEATING AND REFRIGERATION, LLC Principal Place of Business Mailing Address 2055 CR 75 2055 CR 75 BUNNELL, FL 32110 BUNNELL, FL 32110 2. Principal Place of Business 3. Mailing Address 1203 North U.S. 1 Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-LLC CR2E083 (11/05) Section D City & State 4. FEI Number Applied For City & State Ormond Beach, FL 20 3404787 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 32174 Fee Required Volusia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard James Robison HARLAN, MICHAEL M SR. Street Address (P.O. Box Number is Not Acceptable) 1203 North U.S. 1 2055 CR 75 BUNNELL, FL 32110 Section D City Ormond Beach 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 ones SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Richard James Robison ☐ Change TITLE TITLE Delete NAME NAME 1203 North U.S. 1, Section D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL 32174 MGR ☐ Change ☐ Delete TITLE TITLE NAMÉ Peter Jerome DePascale, Jr. NAME 1203 North U.S. 1, Section D Ormond Beach, FL 32174 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE MGR TITLE Edward J. Shane 1203 North U.S. 1, Section D Ormond Beach, FL 32174 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHLY-ST-7IP 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 tries ame legal effect as if made under oath; that I am a managing member or manager of the smited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED