2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L05000082699

Entity Name: BEST VALUE AIR CONDITIONING, HEATING AND REFRIGERATION, LLC

Current Principal Place of Business:

1203 N US 1
SECTION D
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

2055 CR 75
BUNNELL, FL 32110

New Mailing Address:

1203 N US HWY 1
STE D
ORMOND BEACH, FL 32174

FEI Number: 20-3404787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, RICHARD J
1203 N US 1
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROBISON, RICHARD J
Address: 1203 N US 1, SECTION D
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: DE PASCALE, PETER J JR
Address: 1203 N US 1, SECTION D
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: SHANE, EDWARD J
Address: 1203 N US 1, SECTION D
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD J ROBISON MGR 01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date