2006 LIMITED LIABILITY COMPANY

	ANNUAL R	EPORT (AR)		03-10-2006 90132 030 ****50.00 L05000094321	
1. Entity Nam	MENT # L0500009432 DAHL PLUMBING, LLC	ti , he			
Principal Plac	e of Business	Mailing Address	7	TIB JU!! - 1 P 1:00	
3795 23RD A		3795 23RD AVE. SW NAPLES FL 34117	τ.		
2. Principal Place of Business		3. Mailing Address		i rêthtu ĝu peròs killi billi ŝetm bolin metilo lau drivus ma neti rubol ni sen	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)	
City & State		City & State		4. FEI Number Applied For Not Applied	$\overline{}$
Zip	Country	Zip	Country	5. Certificate of Status Desired Sequired \$5.00 Additional Fee Required	ole.
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	\Box
DAL	DALII FOWADD T				
DAHL, EDWARD T 3795 23RD AVE SW			Street Address	(P.O. Box Number is Not Acceptable)	
NAF	PLES FL 34117				ㅓ
	*		City	FL Zip Code	\dashv
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, hybrid or presend real new or instruction in Agent and 1600 of 2000 of 1600 of 1600 of 2000 of 1600 of 16					
		Make Check Payable	W!!! FEE IS \$50.00 to Florida Departm By May 1, 2006		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES	ᅴ
TITLE	MGRM	☐ Delete	tll/F	☐ Change ☐ Addi	tion
NAME STREET ADDRESS	DAHL, EDWARD T 3795 23RD AVE SW		NAME STREET ADDRESS		
CITY-SI-7P	NAPLES FL 34117		CITY-ST-ZIP		ĺ
TITLE		☐ Delete	TIRE	☐ Change ☐ Addu	tion
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-SI-ZIP			CITY-ST-ZIP]
TUTLE		Delete	mue	Change Addi	tion
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-S1-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addi	tion
STREET ADDRESS			STREET ADDRESS		
CITY-S1-7IP			CITY-ST-ZIP		
TIJLE Name		Delete	TITLE NAME	☐ Change ☐ Addi	tion
STREET ADORESS			STREET ADDRESS		
CITY-SI-ZIP			CITY+ST-ZIP		
TITLE PLAME		C Delete	TITLE	☐ Change ☐ Add	tion
STREET ADDRESS	1		STREET ADDRESS		
CITY-ST-ZIP			CITY-S1-ZIP		
indicated	certify that the information supplied wit ton this report is true and accurate and ability company or the receiver or truste	d that my signature shall have	the same legal effect as	ned in Soction 119, Florida Statutes, I further certify that the informatic s if made under oath; that I am a managing member or manager of the pages 608 Elected Statutes.	in Ye