


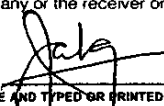


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90050 012 ****55.00

DOCUMENT # L05000103719 1. Entity Name J LOP. AIR CONDITIONING LLC					
Principal Place of Business 2305 SE 8 AVE CAPE CORAL, FL 33990			Mailing Address 2305 SE 8 AVE CAPE CORAL, FL 33990		
2. Principal Place of Business 1136 NE PINE ISLAND RD Suite, Apt. #, etc. #65		3. Mailing Address 1136 NE PINE ISLAND RD Suite, Apt. #, etc. #65			
City & State CAPE CORAL - FLORIDA		City & State CAPE CORAL - FLORIDA		4. FEI Number 20-3666995	
Zip 33909 Country USA		Zip 33909 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOSE 2305 SE 8 AVE CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent Name LOPEZ JORGE E Street Address (P.O. Box Number is Not Acceptable) 2305 SE 8TH AVENUE City CAPE CORAL FL Zip Code 33990		
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  JORGE E LOPEZ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE  JORGE E LOPEZ <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/17/06.	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACHADO, HECTOR 2305 SE 8 AVE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR MACHADO, HECTOR 5247 SEAGULL CT CAPE CORAL, FL, 33904
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JORGE E LOPEZ 2305 SE 8TH AVE. CAPE CORAL, FL, 33990
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JORGE E LOPEZ 2305 SE 8TH AVE CAPE CORAL, FL, 33990
				<input type="checkbox"/> Change <input checked="" 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	
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.					
SIGNATURE:  JORGE E LOPEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 1/17/06		DAYTIME PHONE # 239.5410725	