

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000106618

FILED
Apr 15, 2007
Secretary of State**Entity Name:** EFFICIENCY EXPERTS HVAC, LLC**Current Principal Place of Business:**8455 S. FLORIDA AVENUE
FLORAL CITY, FL 344636**New Principal Place of Business:****Current Mailing Address:**9425 SOUTHERN BELLE DR
WEEKI WACHEE, FL 34613**New Mailing Address:****FEI Number:** 20-3751561**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WATKINS, MICHAEL P
9425 SOUTHERN BELLE DR
WEEKI WACHEE, FL 34613 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:** MGRM () Delete
Name: WATKINS, MICHAEL P
Address: 9425 SOUTHERN BELLE DR
City-St-Zip: WEEKI WACHEE, FL 34613**Title:** MGRM () Delete
Name: HERNANDEZ, ALEXANDER
Address: 6100 NW 33 TER
City-St-Zip: FT. LAUDERDALE, FL 33309**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: WATKINS, JUDIH
Address: 9425 SOUTHERN BELLE DR
City-St-Zip: WEEKI WACHEE, FL 34613

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: MICHAEL P. WATKINS

MGRM

04/15/2007

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