
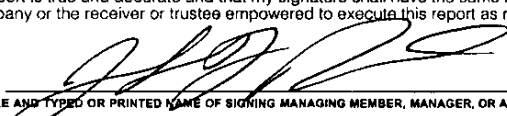


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90304 042 \*\*\*\*55.00

<b>DOCUMENT # L06000000404</b> 1. Entity Name LMK PIPE RENEWAL, LLC					
Principal Place of Business 1528 CORAL RIDGE DRIVE FORT LAUDERDALE, FL 33304			Mailing Address 1528 CORAL RIDGE DRIVE FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # 1131 NW 55 ST.		3. Mailing Address 1131 NW 55 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 204042534	
Zip 33309		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LEONARD, W R 633 SO ANDREWS AVENUE SUITE 402 FORT LAUDERDALE, FL 33301-2857			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIEST, LARRY JR. 1528 CORAL RIDGE DRIVE FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN F. RINEHART 1131 NW 55 ST. FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIEST, LARRY JR. 1131 NW 55 ST. FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIEST, LARRY JR. 1131 NW 55 ST. FORT LAUDERDALE, FL 33309	
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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: 			2/20/07 954 772-0075		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

40005083



01292007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

FL

Zip Code

954

2/20/07

772-0075