
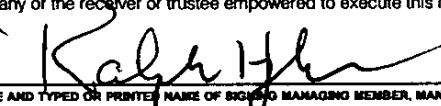


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90076 020 \*\*\*\*55.00

<b>DOCUMENT # L06000056814</b>					
1. Entity Name HYLAN AC & REFRIGERATION, LLC					
Principal Place of Business 7617 RIDGE RD SEMINOLE, FL 33772		Mailing Address 7617 RIDGE RD SEMINOLE, FL 33772			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252007 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 20-4984007	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HYLAN, RALPH	NAME	DAVID HYLAN		
STREET ADDRESS	7617 RIDGE RD	STREET ADDRESS	132 R 145 AVE		
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP	MADEIRA Beach 33708		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			3/2/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #