2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 12, 2007
Secretary of State

DOCUMENT# L06000084386

Entity Name: DYNAMIC PLUMBING L.L.C.

Current Principal Place of Business:

2623 NW 74 PL
BLGD 2 UNIT 3
GAINESVILLE, FL 32653 US

New Principal Place of Business:

6501 NW 29 TERR.
GAINESVILLE, FL 32653 US

Current Mailing Address:

6501 NW 29 TERR
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 20-5448365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKISSICK, PAUL A
6501 NW 29 TERR
GAINESVILLE, FL 32653 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: MCKISSICK, LEEANNE S
Address: 6501 NW 29 TERR
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM ( ) Delete
Name: MCKISSICK, PAUL A
Address: 6501 NW 29TH TERR
City-St-Zip: GAINESVILLE, FL 32606

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: MCKISSICK, JAMES F
Address: 6512 NW 29 STREET
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify 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: PAUL MCKISSICK MGRM 11/12/2007

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