

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084946

FILED
Jul 05, 2007
Secretary of State

Entity Name: JOHNS CRANE AND SERVICES L.L.C.

Current Principal Place of Business:

20 PINE CIRCLE DRIVE
OCALA, FL, 34472

New Principal Place of Business:

20 PINE CIRCLE DRIVE
OCALA, FL 34472

Current Mailing Address:

20 PINE CIRCLE DRIVE
OCALA, FL 34472

New Mailing Address:

FEI Number: 20-5510861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PELOSO, JOHN M
20 PINE CIRCLE DRIVE
OCALA, FL 34472 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: MGR () Delete
Name: PELOSO, JOHN M JR
Address: 20 PINE CIRCLE DRIVE
City-St-Zip: Ocala, FL 34472

Title: MGR () Delete
Name: PELOSO, JOHN M
Address: 20 PINE CIRCLE DRIVE
City-St-Zip: Ocala, FL 34472

Title: MGR () Delete
Name: INGERSOLL, KATHY M
Address: 20 PINE CIRCLE DRIVE
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN PELOSO

MGR

07/05/2007

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