2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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BILL PAR	RKER'S PORTABLE WELDI	NG, LLC						
Principal Place of Business 4000 MALLARD POINT COURT ORLANDO, FL 32810		Mailing Address 4000 MALLARD POINT COURT ORLANDO, FL 32810		1 \$ 6 9 9	• 45 118 5 1111 5 5111 5 511 6 51			NFI (1) INZî
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State		4. FEI Numb	117696	8		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5.00 Add e Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	legistered Ag	ent	
			Name	-				
PARKER, BILL G 4000 MALLARD POINT COURT ORLANDO, FL≐32810		Street Addres		s (P.O. Box Numb	er is Not Acceptable	9)		
			City			FL	Zip Code	-
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or regist	tered agent, or bo	th, in the State of Flo	orida. I am far	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007			· · · · · · · · · · · · · · · · · · ·					
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9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.			a Departmen		•
. D	ue by May 1, 2007	RS/MANAGERS	10. TITLE		Florida	a Departmen		Addition
9.	MANAGING MEMBE MGR PARKER, BILL G		1		Florida	a Departmen	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR PARKER, BILL G 4000 MALLARD POINT COURT		TITLE NAME STREET ADDRESS		Florida	a Departmen	nt of State	
9. TITLE NAME	MANAGING MEMBE MGR PARKER, BILL G		TITLE NAME		Florida	a Departmen	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR PARKER, BILL G 4000 MALLARD POINT COURT		TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR PARKER, BILL G 4000 MALLARD POINT COURT	☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Department CHANGES	nt of State	☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE