2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111019

1. Entity Name
HANS JOHNSON PLUMBING & AIR, LLC

Principal Place of Business	Mailing Address
204 SW 16TH COURT FT LAUDERDALE, FL 33315	204 SW 16TH COURT FT LAUDERDALE, FL 33315

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02072008 · Chg-LLC · CR2E083 (12/06)
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number 59-1708553   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SAMUELS, HARRY M 2901 STIRLING ROAD - SUITE 307 FT LAUDERDALE, FL 33312	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 _____   2/15/08
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS   **10.** ADDITIONS / CHANGES

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	JOHNSON, JEAN		NAME			
STREET ADDRESS	11230 NW 27TH STREET		STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33323		CITY-ST-ZIP			

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	JOHNSON, KURT		NAME			
STREET ADDRESS	121 NW 93RD AVENUE		STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP			

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	NOMIKOS, GEORGE		NAME			
STREET ADDRESS	3707 NW 91ST LANE		STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP			

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	JOHNSON, HANS		NAME			
STREET ADDRESS	11230 NW 27TH STREET		STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33323		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ 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: _____   2/14/08   954-764-8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #