


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002747	
1. Entity Name CONTROL MECHANICAL SERVICES, LLC	

Principal Place of Business C/O CONTROL BUILDING SERVICES, INC. 333 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094	Mailing Address C/O CONTROL BUILDING SERVICES, INC. 333 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-LLC CB2E083 (10/03)

4. FEI Number 04-3701077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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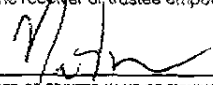
Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TUREN, EDWARD D 333 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TUREN, NEAL 333 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ASKIN, JOSEPH 333 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094
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07/26/04-80013-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 	Date: 7/20/04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		