

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90007 040 ****50.00

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DOCUMENT # M99000000120 1. Entity Name PROTHERM SERVICES GROUP, LLC					
Principal Place of Business 5322 ASHBROOK RD HOUSTON, TX 77081			Mailing Address 5322 ASHBROOK RD HOUSTON, TX 77081		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04102006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 76-0580124	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKER, SHERRIL L		NAME		
STREET ADDRESS	5322 ASHBROOK RD		STREET ADDRESS		
CITY - ST - ZIP	HOUSTON, TX 77081		CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GAUDET, JAMES M		NAME	PRESIDENT	
STREET ADDRESS	5322 ASHBROOK RD		STREET ADDRESS	DAVID GLOVER	
CITY - ST - ZIP	HOUSTON, TX 77081		CITY - ST - ZIP	5322 ASHBROOK, HOUSTON TX 77081	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, RICHARD D		NAME		
STREET ADDRESS	5322 ASHBROOK RD		STREET ADDRESS		
CITY - ST - ZIP	HOUSTON, TX 77081		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, TREVA		NAME		
STREET ADDRESS	5322 ASHBROOK RD		STREET ADDRESS		
CITY - ST - ZIP	HOUSTON, TX 77081		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REILLY, MICKEY		NAME		
STREET ADDRESS	5322 ASHBROOK		STREET ADDRESS		
CITY - ST - ZIP	HOUSTON, TX 77081		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:			TREVA STEVENS SEC/TREASURER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-10-06 Daytime Phone # 713-667-9361		