2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000015148

1. Entity Name
MONTFORD ELECTRIC CO., L.L.C.



Principal Place of Business

Mailing Address

106 SE 14TH PLACE

DEERFIELD BEACH, FL 33441-6729

106 SE 14TH PLACE DEERFIELD BEACH, FL 33441-6729 FILED Apr 17, 2006 08:00 AM Secretary of State



01132006No Chg-LLC

CR2E083 (11/05)

954 421-4323

Caytime Phone 1

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTFORD, WILLIAM H 106 S.E. 14TH PLACE DEERFIELD BEACH, FL 33441-6729

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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 Signature, typed or printed name of registared event and this if applicable. (NOTE. Registared A		(NOTE. Registered Agent signature required when reinstating) (DATE
Filing Fee Is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTFORD, WILLIAM H 106 S.E. 14TH PLACE DEERFIELD BEACH, FL 334416729	00000516682 05/01/06-80012-009 50.00
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-207		DO NOT WRITE
TITLE NOTICE STREET ADDRESS CRY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CATY-ST-TIP		•
TITLE NAME STREET ADDRESS 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 it made under eath; that I am a managing member or manager of the finited liability company or the receiver or trustee emproved to execute this report as required by Chapter 808, Porida Statutes.		

URE: William X. MORTHAL WILLIAM H. MONTFORD SKHATURE AND TYPED OR PRINTED NAME OF SKHATURE MEMBER, OR AUTHORIZED REPRESENTATIVE