

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 21, 2007  
Secretary of State**

DOCUMENT# L05000058855

Entity Name: T & D INDUSTRIES, L.L.C.

**Current Principal Place of Business:**

7400 STATE ROAD 21  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

**Current Mailing Address:**

7400 STATE ROAD 21  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

FEI Number: 20-3553385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KUNTZ, DAVID L JR.  
1511 BADEN POWELL ROAD  
HAWTHORNE, FL 32640 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: KUNTZ, DAVID L JR.  
Address: 1511 BADEN POWELL ROAD  
City-St-Zip: HAWTHORNE, FL 32640 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: WHITE, TAMRA B  
Address: 1031 BELLAMY ROAD  
City-St-Zip: MELROSE, FL 32666 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID L. KUNTZ, JR.

MGRM

05/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date