2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # L03000052471** 04-22-2005 90044 002 ****55.00 RAYMOND RYALL ELECTRICAL, LLC Principal Place of Business Mailing Address 4730 NW 48TH AVENUE 4730 NW 48TH AVENUE OCALA, FL 34482 US OCALA, FL 34482 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-06 44814 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYALL, RAYMOND B Street Address (P.O. Box Number is Not Acceptable) 4730 NW 48TH AVENUE OCALA, FL 34482 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when rainstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 274 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ☐ Delete TITLE TITLE ☐ Change ☐ Addition RYALL, RAYMOND B. NAME NAME 4730 NW 48TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP Delete TITLE THIE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE Delete ☐ 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 exemption stated in Section 119.07(3)(i), 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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED