


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L00000002931 1. Entity Name ITERA ELECTRICAL DEVELOPMENT LLC |  |
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| Principal Place of Business OMRANIA MIDDLE EAST CENTRE 313 28 OCTOBER AVENUE LIMASSOL, CYPRUS, CY 3105 CY | Mailing Address 9995 GATE PARKWAY N SUITE 400 JACKSONVILLE, FL 32246 |
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01112005No Chg-LLC

CR2E083 (10/03)

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|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KOEGLER, STEVEN C 9995 GATE PARKWAY SUITE 400 JACKSONVILLE, FL 32246 |
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IN THIS SPACE**

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 signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MERCO SERVICES LTD. 199 ARCH MAKARIOS III AVE LIMASSOL, CYPRUS, CY 3608 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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04/25/05-80104-020 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Steven C. Koeqler, Asst Sect. 3/23/05 904-996-8801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #