

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90150 033 ****50.00

DOCUMENT # L01000020877			
1. Entity Name MORGAN ELECTRIC COMPANY, LLC			
Principal Place of Business 1120 E. OLEANDER ST. LAKELAND FL 33801		Mailing Address 1120 E. OLEANDER ST. LAKELAND FL 33801	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent MORGAN, C.B. 1120 E. OLEANDER ST. LAKELAND FL 33801		7. Name and Address of New Registered Agent Name H. Adam Airl Jr. Street Address (P.O. Box Number is Not Acceptable) 500 South Florida Ave Ste. 800 City Lakeland FL Zip Code 33801	
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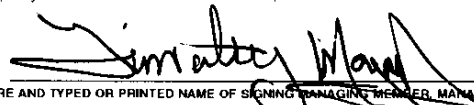
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE ELECTRIC COMPANY, INC. 1120 E. OLEANDER ST. LAKELAND FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #