

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005718

FILED
Apr 14, 2005
Secretary of State

Entity Name: ALTERNATIVE ELECTRIC COMPANY, LLC

Current Principal Place of Business:

1848 DENISE CT. W.
ST. GEORGE ISLAND, FL 32328

New Principal Place of Business:

302 HIGHWAY 98
EASTPOINT, FL 32328

Current Mailing Address:

P.O. BOX 1028
EASTPOINT, FL 32328 US

New Mailing Address:

FEI Number: 04-3619165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULER, THOMAS M
34-4TH STREET
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: SEYMOUR, KENNETH G
Address: P.O. BOX 893
City-St-Zip: EASTPOINT, FL 32328

Title: MGRM () Delete
Name: SEYMOUR, MARY
Address: P.O. BOX 893
City-St-Zip: EASTPOINT, FL 32328

Title: MGRM () Delete
Name: SEYMOUR, KYLE E
Address: 301 SWEET BAY CIRCLE
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY SEYMOUR

MGRM

04/14/2005

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