

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005718

FILED
May 15, 2006
Secretary of State

Entity Name: ALTERNATIVE ELECTRIC COMPANY, LLC

Current Principal Place of Business:

302 HIGHWAY 98
EASTPOINT, FL 32328

New Principal Place of Business:

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 ()
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:

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/MANAGERS:

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 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: MARY SEYMOUR

MGRM

05/15/2006

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