
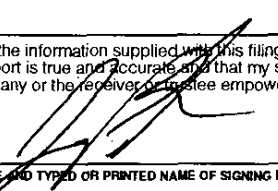


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008939 1. Entity Name TALQUIN ELECTRIC OF FLORIDA, LLC					
Principal Place of Business 4178 APALACHEE PKWY TALLAHASSEE, FL 32311			Mailing Address 4178 APALACHEE PKWY TALLAHASSEE, FL 32311		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 04-3634446 APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETRANDIS, JOHNNY II 4178 APALACHEE PKWY TALLAHASSEE, FL 32311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800035559868 05/06/04--01024--009 **550.00 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRANDIS, JOHNNY II 4178 APALACHEE PKWY TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <div style="float: right; text-align: right;"> 4/24/4 Date Daytime Phone # </div>					

APPROVED
AND
FILED

04 APR 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

