
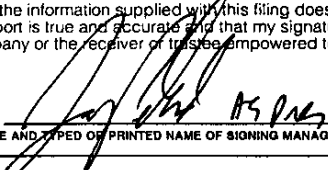


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90048 030 \*\*\*\*50.00

|  |   |                                 |  |   |                 |
|--|---|---------------------------------|--|---|-----------------|
| <b>DOCUMENT # L02000008939</b><br>1. Entity Name<br>TALQUIN ELECTRIC OF FLORIDA, LLC   |   |                                 |  |        |                 |
| Principal Place of Business<br>4178 APALACHEE PKWY<br>TALLAHASSEE, FL 32311  |   |                                 | Mailing Address<br>4178 APALACHEE PKWY<br>TALLAHASSEE, FL 32311    |   |                 |
| 2. Principal Place of Business   |   | 3. Mailing Address              |  |   |                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |  |   |                 |
| City & State   |   | City & State                    |  |   |                 |
| Zip  | Country   | Zip                             | Country  |   |                 |
| 6. Name and Address of Current Registered Agent  |   |                                 |  | 7. Name and Address of New Registered Agent   |                 |
| PETRANDIS, JOHNNY II<br>4178 APALACHEE PKWY<br>TALLAHASSEE, FL 32311   |   |                                 |  | Name  |                 |
|  |   |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                      |                 |
|  |   |                                 |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |                                 |  |   |                 |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |                 |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 | 10. ADDITIONS/CHANGES  |   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>PETRANDIS, JOHNNY II<br>4178 APALACHEE PKWY<br>TALLAHASSEE, FL 32311 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | VP, T.S.O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 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. |   |                                 |  |   |                 |
| <b>SIGNATURE:</b>  AS PRES  |   |                                 |  |   |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                                 | Date   |   | Daytime Phone # |