2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# L02000019975

Entity Name: NORTHWEST FLORIDA UNDERGROUND, LLC

Current Principal Place of Business:

5896 COMMERCE ROAD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

5896 COMMERCE ROAD
MILTON, FL 32583

New Mailing Address:

FEI Number: 51-0419202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGHTY, THOMAS E
5227 SOUNDSIDE DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

DOUGHTY, THOMAS E
1313 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563 US

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: 01/17/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DOUGHTY, THOMAS E
Address: 5227 SOUNDSIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete
Name: DOUGHTY, DONNA M
Address: 5227 SOUNDSIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DOUGHTY, THOMAS E
Address: 1313 AUTUMN BREEZE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM (X) Change ( ) Addition
Name: DOUGHTY, DONNA M
Address: 1313 AUTUMN BREEZE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

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: THOMAS E. DOUGHTY MR. 01/17/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date