2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026909

Entity Name: PETERS UTILITIES, LLC

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1857 WELLS ROAD, STE. 219 1639 ROWE AVENUE ORANGE PARK, FL 32073 JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

1857 WELLS ROAD, STE. 219 1639 ROWE AVENUE ORANGE PARK, FL 32073 JACKSONVILLE, FL 32208

FEI Number: 82-0548745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTERS, MICHAEL A 50 NORTH LAURA STREET, STE. 2200 JACKSONVILLE, FL 32202

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:

MGRM () Delete HAYDEN, MATTEW R Name: Address: 2960 FAIRVIEW DR

City-St-Zip: OWENSBORO, KY 42303

Title: MGRM () Delete Name: BOSLEY, STEPHEN F Address: 2327 TRADITION AVENUE City-St-Zip: OWENSBORO, KY 42301 ADDITIONS/CHANGES:

Title: (X) Change () Addition JONES, JOHN W OWNER Name: Address: 31 STONE CREEK PARK City-St-Zip: OWENSBORO, KY 42303

(X) Change () Addition Title: MGR Name: PETERS, BRUCE A PRES.

Address: 400 EAST BAY STREET SUITE 1207

City-St-Zip: JACKSONVILLE,, FL 32202

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: BRUCE A. PETERS **PRES** 01/24/2005