2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

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Entity Name: PETERS UTILITIES, LLC

Current Principal Place of Business:

1639 ROWE AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

P O BOX 8220
LONGBOAT KEY, FL 34228

Current Mailing Address:

1639 ROWE AVENUE
JACKSONVILLE, FL 32208

New Mailing Address:

P O BOX 8220
LONGBOAT KEY, FL 34228

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

Name and Address of Current Registered Agent:

WALTERS, MICHAEL A
50 NORTH LAURA STREET, STE. 2200
JACKSONVILLE, FL 32202 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: JONES, JOHN W OWNER
Address: 31 STONE CREEK PARK
City-St-Zip: OWENSBORO, KY 42303

Title: MGR (X) Delete
Name: PETERS, BRUCE A PRES.
Address: 400 EAST BAY STREET SUITE 1207
City-St-Zip: JACKSONVILLE,, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PETERS, BRUCE A PRES.
Address: P O BOX 8220
City-St-Zip: LONGBOAT KEY, FL 34228

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: BRUCE A. PETERS PRES 01/17/2006

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