
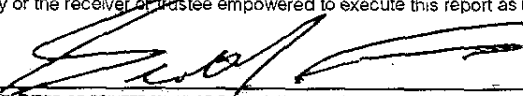


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032764 1. Entity Name AGILE ELECTRIC, LLC					
Principal Place of Business 3104 N. ARMENIA AVE STE 2 WEST TAMPA FL 33604			Mailing Address 3104 N. ARMENIA AVE STE 2 WEST TAMPA FL 33604		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02-0584680	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLARK, WILLIAM E 3104 N. ARMENIA AVE STE. 2 WEST TAMPA FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)		
SIGNATURE			DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLARK, WILLIAM E 3104 N. ARMENIA AVE. STE. 2 WEST TAMPA FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TASHKIN, SCOTT J 3104 N. ARMENIA AVE. STE. 2 WEST TAMPA FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MADDOX, CHARLES W 3104 N. ARMENIA AVE. STE. 2 WEST TAMPA FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLARK, WILLIAM E 3104 N. ARMENIA AVE. STE. 2 WEST TAMPA FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TASHKIN, SCOTT J 3104 N. ARMENIA AVE. STE. 2 WEST TAMPA FL 33607	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TASHKIN, SCOTT J 3104 N. ARMENIA AVE. STE. 2 WEST TAMPA FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MADDOX, CHARLES W 3104 N. ARMENIA AVE. STE. 2 WEST TAMPA FL 33607	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					