


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90018 040 ****55.00

DOCUMENT # L03000024389 1. Entity Name FRANCIS I UTILITY, L.L.C.					
Principal Place of Business 401 PAULINE STREET SEBRING, FL 33875			Mailing Address 401 PAULINE STREET SEBRING, FL 33875		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 29 Mimi Street Suite, Apt. #, etc.			
City & State Zip		City & State Sebring, FL Zip 33875		4. FEI Number 59-3746529	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, SCOTT E 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				7. Name and Address of New Registered Agent 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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUDER, LEAH 710 SUNSHINE LANE SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, MARLIN 427 SUNRISE BLVD SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOOLDRIDGE, DONNA 213 CLARA ST SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wooldridge, Donna 22 Cherokee St. Sebring, FL 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAWLEY, MICKEY 18 CHEROKEE ST SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEELER, RICHARD 723 STEPHEN DR SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, SUSAN 602 SEBRING DR SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Roberts, Susan 602 Sebring Dr Sebring, FL 33875 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Leah Bruder</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-8-05 <small>Date Daytime Phone #</small>		

ATTACHMENT
HL000002438/20029660

BOARD OF DIRECTORS 2005
Francis 1 Utility, L.L.C.

Additions

Director Bernard Hoffarth
 336 Tigertail Rd.
 Sebring, FL 33875

Director Robert Cummings
 7 Cherokee St.
 Sebring, FL 33875

Director Sue Elifritz
 11 Cherokee St.
 Sebring, FL 33875