

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024389

Entity Name: FRANCIS I UTILITY, L.L.C.

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

29 MIMI STREET
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

29 MIMI STREET
SEBRING, FL 33875

New Mailing Address:

FEI Number: 59-3746529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, SCOTT E
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

KORP, WILLIAM
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 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: WILLIAM KORP

08/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HOFFARTH, BERNARD
Address: 336 TIGERTAIL ROAD
City-St-Zip: SEBRING, FL 33875

Title: V () Delete
Name: CUMMINGS, ROBERT
Address: 7 CHEROKEE STREET
City-St-Zip: SEBRING, FL 33875

Title: T () Delete
Name: ROBERTS, SUSAN
Address: 602 SEBRING DRIVE
City-St-Zip: SEBRING, FL 33875

Title: S () Delete
Name: CRAWLEY, MICKEY
Address: 18 CHEROKEE ST
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: KELLER, PATRICIA
Address: 551 ADDISON STREET
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: WHITEHEAD, JULIETTE
Address: 509 VON MAXCY ROAD
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KELLER, PATRICIA
Address: 551 ADDISON ST
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELIFRITZ, WANDA SUE
Address: 11 CHEROKEE ST
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BERNARD HOFFARTH

P

08/25/2008

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