

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000043826

1. Entity Name

PAYUK ELECTRIC LLC



Principal Place of Business

2501 SW CALUSA AVENUE
PORT ST. LUCIE FL 34952
US

Mailing Address

2501 SW CALUSA AVENUE
PORT ST. LUCIE FL 34952
US

2. Principal Place of Business

2501 Calusa Ave #
Suite, Apt. #, etc.
St Lucie

3. Mailing Address

2501 Calusa Ave

Suite, Apt. #, etc.

City & State

pt St Lucie FL

**FILED
Mar 21, 2006 8:00 am
Secretary of State**

03-21-2006 90297 017 ****55.00



1st MOORE CR2E083 (10/05)

Zip

34952

Country
ST LUCIE

Zip
34952

Country
ST LUCIE

4. FEI Number

20-0427693

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

PAYUK, ROBERT T
2501 SW CALUSA AVENUE
PORT ST. LUCIE FL 34952

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:

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYUK, ROBERT T 2501 SW CALUSA AVENUE PORT ST. LUCIE FL 34952	<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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)

March 9 06

Date

Daytime Phone #