


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000045042</b> 1. Entity Name EMCEE ELECTRIC, LLC	
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Principal Place of Business 460 N. MILWEE ST. LONGWOOD, FL 32750	Mailing Address 460 N. MILWEE ST. LONGWOOD, FL 32750
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0488562	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CALHOUN, MICHAEL S 460 N. MILWEE ST. LONGWOOD, FL 32750
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALHOUN, MICHAEL S 460 N. MILWEE ST. LONGWOOD, FL 32750
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<p>U00000677544 03/30/07-80107-012 55.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Michael S. Calhoun 3/21/07 (407) 260-5410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #