

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

02-20-2004 90124 031 ****50.00

DOCUMENT # L03000045294 1. Entity Name AUSTIN ELECTRIC, LLC					
Principal Place of Business 1000 EAST CRISAFULLI RD. MERRITT ISLAND, FL 32953			Mailing Address 1000 EAST CRISAFULLI RD. MERRITT ISLAND, FL 32953		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DURETTE, LLOYD A 1000 EAST CRISAFULLI RD. MERRITT ISLAND, FL 32953				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 reissuing)					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURETTE, LLOYD A 1000 EAST CRISAFULLI RD. MERRITT ISLAND, FL 32953	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 808, Florida Statutes.					
SIGNATURE: <u>Lloyd A Durette</u> <u>2/17/04</u> <u>321 452-5095</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					