

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000048612

**FILED**  
**Apr 21, 2009**  
**Secretary of State****Entity Name:** JOHN PHILIE ELECTRIC, LLC**Current Principal Place of Business:**16550 SCHEER BLVD  
SUITE 2  
HUDSON, FL 34667**New Principal Place of Business:****Current Mailing Address:**16550 SCHEER BLVD  
SUITE 2  
HUDSON, FL 34667**New Mailing Address:****FEI Number:** 20-0645212**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PHILIE, JOHN  
16550 SCHEER BLVD  
SUITE 2  
HUDSON, FL 34667 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: V ( ) Delete  
Name: HARPER, DANIEL J  
Address: 16550 SCHEER BLVD  
City-St-Zip: HUDSON, FL 34667Title: PCFO ( ) Delete  
Name: HARPER, JANE M  
Address: 16550 SCHEER BLVD  
City-St-Zip: HUDSON, FL 34667Title: D ( ) Delete  
Name: PHILE, JOHN  
Address: 18537 GRAND CLUB DR  
City-St-Zip: HUDSON, FL 34667**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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: JOHN PHILIE

D

04/21/2009

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