

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050457

FILED
Jan 05, 2006
Secretary of State

Entity Name: TOTAL LIGHTNING PROTECTION SERVICE L.L.C.

Current Principal Place of Business:

1390 MSCRORY STREET
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

1390 MCCRORY STREET
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 26-4532645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREWS, BRIAN J
1390 MCCRORY STREET
NORTH PORT, FL 34286 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: MGR () Delete
Name: ANDREWS, BRIAN J
Address: 1390 MCCRORY STREET
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: ANDREWS, KAREN
Address: 1390 MCCRORY STREET
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

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 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: KAREN ANDREWS

MGRM

01/05/2006

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