

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 27 AM 8:26

BK SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000053893		
1. Entity Name SHAW'S ELECTRIC LLC		

Principal Place of Business PO BOX 8 QUINCY, FL 32353	Mailing Address PO BOX 8 QUINCY, FL 32353
-------------------------------------------------------------	-------------------------------------------------

2. Principal Place of Business - No P.O. Box # 74 SHAW LANE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 8 Suite, Apt. #, etc.
---------------------------------------------------------------------------------------	---------------------------------------------------------

City & State Quincy, FL Zip 32351 Country Gadsden	City & State Quincy, FL Zip 32353 Country Gadsden
------------------------------------------------------------------	------------------------------------------------------------------

6. Name and Address of Current Registered Agent SHAW, CHARLIE H 74 SHAW LANE QUINCY, FL 32351		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	BK	Make check payable to Florida Department of State
---------------------------------------------	----	------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAW, CHARLIE H PO BOX 8 QUINCY, FL 32353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200101630932 05/07/07--01005--017 **\$50.00 BK <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
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
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 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: Charlie H. Shaw Date: April 27, 2007 Daytime Phone #: 627-8730