## 2006 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Secretary of State CUMENT # L03000053917 JENRY ELECTRIC, LLC P at Place of Business Mailing Address P. O. BOX 300112 FERN PARK FL 32730 TONSDALE CIR NDO FL 32817 ncioal Place of Business 2 3. Mailing Address te, Apt. If, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For V & State City & State 4. FEI Number 20-0496455 Not Applicab Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY ELECTRIC, INC 2340 DERBYSHIRE RD Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 Zip Code 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 8. obligations of registered agent. Si TUPE Signature, typed or printed name of registered agent and title if applicable (NDTE Registered Agent signature required when remstating) DATE FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 8. 10. ADDITIONS/CHANGES זווו MGR TITLE ☐ Change ☐ Add® Delete HENRY, SCOTT C NAS NAME STR 4765 LONSDALE CIR STREET ADDRESS CIT ORLANDO FL 32817 CITY-ST-ZIP TITL Oelele TITLE Change ■ Addisc NAME U00000398016 **ऽ**गर STREET ADDRESS 01/30/06-80077-019 50.00 CID CITY - ST- ZIP 777L☐ Delete D Actin' ☐ Change TITLE NAN NAME STR STREET ADDRESS CITY CITY-ST-ZIP TITL Delete TITLE ☐ Change Addition NAM NAME SIRE STREET ADDRESS CITY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAM NAME STREET ADDRESS STRE CITY CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAM. NAME STRE STREET ADDRESS

VATURE: SCOT C HENRY 1/20/06 407-834-4036

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by certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information atted 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 administration of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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