


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90220 030 ****50.00

DOCUMENT # L03000054240			
1. Entity Name ALL-ELECTRIC COMPANY LLC			
Principal Place of Business #6 EULA DR NICEVILLE FL 32578 US		Mailing Address P.O. BOX 1076 NICEVILLE FL 32588 US	
2. Principal Place of Business - No P.O. Box # #28 Virginia Court Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1076 Suite, Apt. #, etc.	
City & State Niceville, Florida		City & State Niceville, Florida	
Zip 32578	Country USA	Zip 32588	Country USA
6. Name and Address of Current Registered Agent FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH FL 32547		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)			
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM REGAN, JOHNNY R 221 TOM BROWN STREET NICEVILLE FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM REGAN, Johnny R 28 Virginia Court Niceville Florida 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby 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 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: <u>Johnny R. Regan</u>		850-8979539 205-07 850-8657712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	