2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

DOCUMENT# L04000000277

Entity Name: SIMONEAU ELECTRIC L.L.C.

Current Principal Place of Business:

4777 LENOX AVE.
JACKSONVILLE, FL 32254

New Principal Place of Business:

4777 LENOX AVE.
JACKSONVILLE, FL 32254 US

Current Mailing Address:

4777 LENOX AVE.
JACKSONVILLE, FL 32254

New Mailing Address:

1628 OTIS RD
JACKSONVILLE, FL 32220 US

FEI Number: 14-1895004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONEAU, MICHAEL N
4777 LENOX AVE.
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

SIMONEAU, MICHAEL N
1628 OTIS RD
JACKSONVILLE, FL 32220 US

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: MICHAEL N. SIMONEAU 01/16/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SIMONEAU, MICHAEL N
Address: 4777 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGRM ( ) Delete
Name: STEPHENS, FRANCES M
Address: 1628 OTIS ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SIMONEAU, MICHAEL N
Address: 1628 OTIS RD
City-St-Zip: JACKSONVILLE, FL 32220

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 Section 119.07(3)(i), 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: MICHAEL .N. SIMONEAU MGR 01/16/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date