

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                                           |         |                                                                                   |         |
|-------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L04000001518</b>                                                            |         |  |         |
| 1. Entity Name<br><b>FLASH ELECTRIC LLC</b>                                               |         |                                                                                   |         |
| Principal Place of Business<br><b>1249 TYRONE BLVD N<br/>ST. PETERSBURG FL 33710-5623</b> |         | Mailing Address<br><b>1249 TYRONE BLVD N<br/>ST. PETERSBURG FL 33710-5623</b>     |         |
| 2. Principal Place of Business - No P.O. Box #                                            |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                       |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                              |         | City & State                                                                      |         |
| Zip                                                                                       | Country | Zip                                                                               | Country |



1st MOORE CR2E083 (10/07)

|                                                           |  |                                                        |  |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number<br><b>59-1272312</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |  |

|                                                                                                                                   |  |                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>KOSTER, BERND H<br/>1249 TYRONE BLVD N<br/>ST. PETERSBURG FL 33710-5623</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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's signature required when changing office)  
\_\_\_\_\_  
DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                        | 10. ADDITIONS/CHANGES                          |                                                                                                                           |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>KOSTER, BERND H<br/>1249 TYRONE BLVD. N.<br/>SAINT PETERSBURG FL 33710</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2008 paid BBT#1676 01-22-08</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>000000799258</b><br><b>01/30/08-80061-020 138.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** *BERND KOSTER* (BERND KOSTER) 01-22-08 127-345-9154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #