2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# L04000002741

Entity Name: SOUTH FLORIDA ELECTRIC, LLC

Current Principal Place of Business:

7300 COPPERFIELD CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7300 COPPERFIELD CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0608517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, JAMES R
7300 COPPERFIELD CIRCLE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

COLEMAN, TRACEY A
7300 COPPERFIELD CIRCLE
LAKE WORTH, FL 33467 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: TRACEY A. COLEMAN 07/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COLEMAN, TRACEY A
Address: 7300 COPPERFIELD CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete
Name: COLEMAN, JAMES R
Address: 7300 COPPERFIELD CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TRACEY A. COLEMAN MRGM 07/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date