

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-18-2005 90108 027 ****50.00

DOCUMENT # L04000003212			
1. Entity Name HOLT'S ELECTRIC, L.L.C.			
Principal Place of Business 19170 MARSHALL FIELD ROAD MOORE HAVEN, FL		Mailing Address P.O. BOX 730 LABELLE, FL 33975	
2. Principal Place of Business <i>19170 Marshall Field Rd SW</i>		3. Mailing Address <i>PO Box 730</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Moore Haven FL</i>		City & State <i>Labelle FL</i>	
Zip <i>33471</i>	Country <i>U.S.A.</i>	Zip <i>33975</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent HOLT, VICTOR CHARLES 19170 MARSHALL FIELD ROAD MOORE HAVEN, FL		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 <i>[Signature]</i>		DATE	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGR M Victor C Holt 19170 Marshall Field Rd SW Moore Haven FL 33471</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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 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: <i>Victor C Holt</i>		<i>Victor C Holt</i> 863-673-6011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #



07122005 Chg-LLC CR2E083 (10/03)

4. FEI Number *65-0632179* Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required