


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90200 006 ****50.00

DOCUMENT # L04000003240 1. Entity Name UNITED ELECTRIC, LLC					
Principal Place of Business 2651 WHITE AVE #102 SARASOTA, FL 34243			Mailing Address 2651 WHITE AVE #102 SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box # 2651 Whitfield Ave E		3. Mailing Address Same			
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. 			
City & State Sarasota FL		City & State 			
Zip 34243		Country USA		4. FEI Number 20-0681773	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KING, CLIFFORD M 2033 MAIN ST, STE 303 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name David Fields Street Address (P.O. Box Number is Not Acceptable) 2651 Whitfield Ave E #102 City Sarasota FL Zip Code 34243		
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 X David Fields DATE 5.7.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, DAVID 2651 WHITEFIELD AVE E SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2651 Whitfield Ave E #102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, BRIAN 2651 WHITEFIELD AVE E SARASOTA, FL 34243 <input checked="" 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	T FIELDS, DAVID 2651 WHITEFIELD AVE E SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2651 Whitfield Ave E #102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HILL, D. MIKE 2651 WHITEFIELD AVE E SARASOTA, FL 34243 <input checked="" 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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 Chapter 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: X David Fields <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			5.7.07 <small>Date Daytime Phone #</small>		