


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90044 030 \*\*\*\*\*55.00

<b>DOCUMENT # L04000005885</b>	
1. Entity Name <b>BEN WEAVER ELECTRIC LLC</b>	

Principal Place of Business <b>2538 WEST 9TH STREET PANAMA CITY FL, FL 32401</b>	Mailing Address <b>P.O. BOX 16161 PANAMA CITY, FL 32401</b>
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2. Principal Place of Business <b>1220 ILLINOIS AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 16161</b> Suite, Apt. #, etc.
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City & State <b>LYNN HAVEN, FLORIDA</b>	City & State <b>PANAMA CITY, FLORIDA</b>
Zip <b>32444</b>	Country <b>USA</b>
Zip <b>32406</b>	Country <b>USA</b>

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>13-4227415</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WEAVER, BENNIE A 2538 WEST 9TH STREET PANAMA CITY FL, FL 32401</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<b>WEAVER, BENNIE A</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2538 WEST 9TH STREET</b>	NAME	
STREET ADDRESS	<b>PANAMA CITY FL, FL 32401</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, FRIEDA J</b>	NAME	
STREET ADDRESS	<b>1425 CHESTNUT AVE., APT. #C</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL, FL 32401</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <u><i>Bennie Weaver</i></u>	Date: <u>7/5/05</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		