


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000020545 <small>1. Entity Name</small> CENTRAL FLORIDA ELECTRIC, LLC	
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<small>Principal Place of Business</small> 910 EAST ST. LAKE WALES, FL 33853	<small>Mailing Address</small> 910 EAST ST. LAKE WALES, FL 33853
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01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 20-0865619	<small>Applied For</small> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> HINES, JAMES P 315 S. HYDE PARK AVE TAMPA, FL 33606

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IN THIS SPACE**

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 restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2006

U00000515628
04/29/06-80212-023 50.00

<small>9. MANAGING MEMBERS/MANAGERS</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR JONES, ROBERT A 1305 HOLLISTER ROAD BABSON PARK, FL 33627
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

**DO NOT WRITE
IN THIS SPACE**

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: *Robert A. Jones* - Robert A. Jones, Manager - 4/13/2006 - 863/676-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #