FILED
Apr 21, 2008 8:00 am
Secretary of State

02-05-2008 90027 047 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L04000028693

1. Entity Name

EXCALIBER ELECTRIC "LLC"

30004344

Principal Place of Business	Mailing Address
1420 SW 28TH AVENUE UNIT 7 BOYNTON FL 33426 US	1420 SW 28TH AVENUE UNIT 7 BOYNTON FL 33426 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1420 SW 28TH AVE	1420 SW 28TH AVE
Suite, Apt. #, etc.: #7	Suite, Apt. #, etc.: #7
City & State: BOYNTON FL	City & State: BOYNTON FL
Zip: 33426 Country: PALM	Zip: 33426 Country: PALM

26-0083611 1st MOORE CR2E083 (10/07)

4. FEI Number: AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOLL, JAMES L JR. 1420 SW 28TH AVENUE UNIT 7 BOYNTON FL 33426	Name: JAMES L STOLL JR Street Address (P.O. Box Number is Not Acceptable): 1420 SW 28TH AVE #7 City: BOYNTON FL Zip Code: 33426

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: [signature] DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STOLL, JAMES L 1420 SW 28TH AVENUE BOYNTON FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Stoll Jr. 4-16-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #