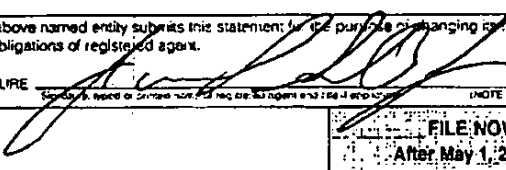


FILED
Apr 21, 2008 8:00 am
Secretary of State

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"			
Principal Place of Business 1420 SW 28TH AVENUE UNIT 7 BOYNTON FL 33426 US		Mailing Address 1420 SW 28TH AVENUE UNIT 7 BOYNTON FL 33426 US	
2. Principal Place of Business - No P.O. Box # 1420 SW 28TH AVE		3. Mailing Address 1420 SW 28TH AVE	
Suite, Apt. #, etc. # 7		Suite, Apt. #, etc. # 7	
City & State BOYNTON FL		City & State BOYNTON FL	
Zip 33426		Zip 33426	
Country FLA		Country FLA	
4. FEI Number 26-0083611		1st MOORE CR2E083 (10/07) APPLIED FOR	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STOLL, JAMES L JR. 1420 SW 28TH AVENUE UNIT 7 BOYNTON FL 33426		7. Name and Address of New Registered Agent JAMES L STOLL JR. 1420 SW 28TH AVE #7 BOYNTON FL 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  DATE _____ NOTE: Registered Agents & Officers must be residents of the State of Florida. 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ 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 839, Florida Statutes. SIGNATURE:  DATE: 4-16-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Printed			