2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE

Aug 23, 2005 8:00 am Secretary of State DOCUMENT # L04000033267 1. Entity Name 07-21-2005 90010 021 ****50.00 PALM BAY ELECTRIC, LL Principal Place of Business -- Mailing Address -247 RHEINE RD 247 RHEINE RD PALM BAY FL 32907 PALM BAY FL 32907 7 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUE, NEAL J Street Address (P.O. Box Number is Not Acceptable) 247 RHEINE RD PALM BAY FL 32907 City_ Zip Code FL 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 SIGNATURE Squares, hipsed or provided marrier of negative-diagrams and table if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. IIILE · · · MGRM Delete TITLE ☐ Change ☐ Addition HAME PRUE, NEAL J NAME STREET ADDRESS 247 RHEINE RD STREET ADDRESS CITY-SI-ZIP PALM BAY FL 32907 CITY-ST-ZIP TLT1 F Delete ☐ Change Addition NAME STREET ADDRESS SIREE I ADDRESS CITY-ST-ZIP CHY-ST-ZIP TIELE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CIRCEI ADDRESS STREET ADDRESS CHY 51-21P u117-51-7/2 THLE THE ☐ Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-2P TITLE Deleta TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CIFY-SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my eignature 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 AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #