

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90020 026 ****55.00

DOCUMENT # L04000034327					
1. Entity Name AFFORDABLE ELECTRIC & LIGHTING, LLC					
Principal Place of Business 299 W. VIRGINIA AVENUE DELAND, FL 32720 US			Mailing Address 299 W. VIRGINIA AVENUE DELAND, FL 32720 US		
2. Principal Place of Business 1509 5 TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 1509 5 TH AVENUE Suite, Apt. #, etc.			
City & State DELAND, FL Zip: 32724 Country: U.S.A.		City & State DELAND, FL Zip: 32724 Country: U.S.A.		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARRELL, HOWARD T MGRM 299 W. VIRGINIA AVENUE DELAND, FL 32720			7. Name and Address of New Registered Agent Name: STEVEN M. CARRELL Street Address (P.O. Box Number is Not Acceptable): 1509 5 TH AVENUE City: DELAND FL Zip Code: 32724		
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: STEVEN M. CARRELL - PRESIDENT DATE: JULY 29, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRELL, HOWARD T MGR 299 W. VIRGINIA AVENUE DELAND, FL 327201241	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRELL, STEVEN M 1509 5TH AVENUE DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARRELL, STEVEN M. 1509 5TH AVENUE DELAND, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: STEVEN M. CARRELL - PRESIDENT			JULY 29, 2005		386 589 5529
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>