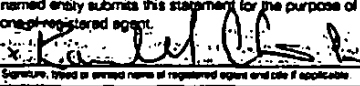
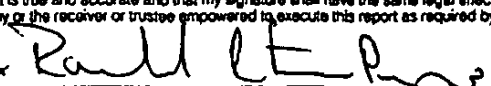


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
300026342008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                                             |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # L04000039092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                            |                                                                              |
| 1. Entity Name<br>LEE COUNTY ELECTRIC, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                                                                                             |                                                                              |
| Principal Place of Business<br>3550 WORK DR<br>UNIT B-12<br>FORT MYERS, FL 33916                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Mailing Address<br>5235 CEDARBEND DRIVE UNIT 2<br>FT. MYERS, FL 33919                                                                                                                       |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>3550 work Dr                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 3. Mailing Address<br>3550 work Dr                                                                                                                                                          |                                                                              |
| Suite, Apt. #, etc.<br>B-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | Suite, Apt. #, etc.<br>B-12                                                                                                                                                                 |                                                                              |
| City & State<br>Fort Myers, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | City & State<br>Fort Myers, FL                                                                                                                                                              |                                                                              |
| Zip<br>33916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | Country<br>USA                                                                                                                                                                              |                                                                              |
| 6. Name and Address of Current Registered Agent<br>HEEKIN, JOHN CHARLES<br>21202-C2 OLEAN BLVD.<br>PORT CHARLOTTE, FL 33952                                                                                                                                                                                                                                                                                                                                                                              |                                            | 7. Name and Address of New Registered Agent<br>Name: RAUDEL CASTRO PUPO<br>Street Address (P.O. Box Number is Not Acceptable)<br>3550 WORK DRIVE B-12<br>City: FT. MYERS FL Zip Code: 33916 |                                                                              |
| 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.<br>SIGNATURE:  DATE: 2/16/08<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removing)</small>   |                                            |                                                                                                                                                                                             |                                                                              |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | Make check payable to<br>Florida Department of State                                                                                                                                        |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | 10. ADDITIONS/CHANGES                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>MGR<br>MILLER, CARL L JR.<br>5235 CEDARBEND DRIVE UNIT 2<br>FT. MYERS, FL 33919                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>MGR IN<br>RAUDEL CASTRO PUPO<br>3550 WORK DRIVE B-12<br>FT. MYERS, FL 33916                                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>MGR<br>Rau-del Castro-Pupo<br>3550 work Dr. B-12<br>Fort Myers FL 33916                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>MGR<br>REINIER CASTRO<br>3550 WORK DRIVE B-12<br>FT. MYERS, FL 33916                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>MGR<br>CARL L. JR. MILLER<br>3550 WORK DRIVE B-12<br>FT. MYERS, FL 33916                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  DATE: 2/16/08                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                                             |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                            | <small>Date</small>                                                                                                                                                                         |                                                                              |