


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

01-25-2005 90085 032 ****50.00

DOCUMENT # L04000047456								
1. Entity Name WILLIE THOMAS PLUMBING & ELECTRIC LLC								
Principal Place of Business 432 SOUTH SALT MONTICELLO, FL 32344		Mailing Address 432 SOUTH SALT MONTICELLO, FL 32344						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	01142005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-2364431 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td></td> </tr> </table>	Applied For		Not Applicable	
Applied For								
Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
THOMAS, WILLIE 432 SOUTH SALT MONTICELLO, FL 32344				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>								
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State						
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, WILLIE 432 SOUTH SALT MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: <i>Willie Thomas</i>				Date: <i>1/20/05</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SPONSORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>				

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