

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048170

Entity Name: DAJ ELECTRIC, LLC

FILED
Feb 23, 2005
Secretary of State

Current Principal Place of Business:

3108 LAKE SUZANNE DRIVE
CANTONMENT, FL 32533

New Principal Place of Business:

987 ROCK ISLAND PLACE
PENSACOLA, FL 32505

Current Mailing Address:

PO BOX 100
GONZALEZ, FL 32560

New Mailing Address:

987 ROCK ISLAND PLACE
PENSACOLA, FL 32505

FEI Number: 41-2144292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAVID A
3108 LAKE SUZANNE DRIVE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JONES, DAVID A
Address: 3108 LAKE SUZANNE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: JONES, MARIE D
Address: 3108 LAKE SUZANNE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: JONES, RICHARD E
Address: 3220 BAXTON CIRCLE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID A. JONES

MGRM

02/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date