


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90146 031 ****50.00

DOCUMENT # L04000056580	
1. Entity Name JACK L JONES ELECTRIC, LLC.	

Principal Place of Business 1092 ISLAND AVE. TARPON SPRINGS FL 34689	Mailing Address 1092 ISLAND AVE. TARPON SPRINGS FL 34689
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2. Principal Place of Business 6013 Countryman Lane	3. Mailing Address 1705 Englewood Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State New Port Richey FL	City & State Tarpon Springs FL
Zip 34652	Zip 34689
Country USA	Country USA

4. FEI Number 20-1372596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, JACK L 1092 ISLAND AVE. TARPON SPRINGS FL 34689	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1705 Englewood Ave	
City Tarpon Springs	FL Zip Code 34689

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, JACK L 1092 ISLAND AVENUE TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1705 Englewood Ave Tarpon Springs FL 34689
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: *Jack L. Jones* **2-28-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #