APR. 21. 2005 10:05AM Work Comp Associates

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90020 005 ****55.00

DOCUMENT # L04000057551

1. Entity Name
ALL-PHASE ELECTRIC, LLC

20047796

Principal Place of Business	Mailing Address
P.O. BOX 2481 TITUSVILLE, FL 32781	P.O. BOX 2481 TITUSVILLE, FL 32781

04212005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
N/A	N/A
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State N/A	City & State N/A
Zip N/A Country N/A	Zip N/A Country N/A

4. FEI Number 20-1464909 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLIDEWELL, THOMAS B
380 OLEANDER PLACE
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name N/A

Street Address (P.O. Box Number is Not Acceptable) N/A

City N/A FL Zip Code N/A

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLIDEWELL, THOMAS B P.O. BOX 2481 TITUSVILLE, FL 32781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ 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: Thomas B. Glidewell APRIL 21, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #