APR. 24. 2008 11:38AM Work Comp Associates, Inc.

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90027 039 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000057551

1. Entity Name
ALL-PHASE ELECTRIC, LLC

Principal Place of Business	Mailing Address
2700 HENERY CT TITUSVILLE, FL 32780	P.O. BOX 2481 TITUSVILLE, FL 32781

04242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		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
2700 HENERY CT
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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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
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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 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.

THOMAS B. GLIDEWELL

SIGNATURE: [signature] APRIL 22, 2008 321-268-3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #