

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083848

FILED
Apr 30, 2007
Secretary of State

Entity Name: POWER LINES WHOLESale LLC

Current Principal Place of Business:

601 N CONGRESS AVE
SUITE 502
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

601 N CONGRESS AVE
SUITE 502
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 51-0529191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWER LINES ENTERPRISES, INC.
1500 SE 3RD COURT
SUITE 203
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

POWER LINES ENTERPRISES, INC.
601 N CONGRESS AVE
SUITE 502
DELRAY BEACH, FL 33445 US

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: MONICA GHERSI

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWER LINES ENTERPRI, SES, INC.
Address: 1500 SE 3RD COURT - SUITE 203
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: AMERICAN WHOLESale L, LC
Address: 47 ALLEN BLVD
City-St-Zip: E FARMINGDALE, NY 11735

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POWER LINES ENTERPRI, SES, INC.
Address: 601 N CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MONICA GHERSI

PRES

04/30/2007

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