


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000084470**  
 1. Entity Name  
**FLORIDA ELECTRIC TECHNOLOGY, LLC**



Principal Place of Business      Mailing Address  
**2271 NW WINDEMERE DR.**      **2271 NW WINDEMERE DR.**  
**JENSEN BEACH, FL 34957**      **JENSEN BEACH, FL 34957**

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1902752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PAWLAK, RENE W**  
**2271 NW WINDEMERE DR.**  
**JENSEN BEACH, FL 34957**

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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, the registered agent.  
 SIGNATURE: *[Signature]*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>PAWLAK, RENE W</b> <b>2271 NW WINDEMERE DR.</b> <b>JENSEN BEACH, FL 34957</b>
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 04/18/06-80037-008 50.00

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. **772-485-5097**  
 SIGNATURE: *[Signature]*      **RENE WM. PAWLAK**      Date: **03/30/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Overtime Phone #