

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90299 024 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |     |                                                                      |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000024120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |     |                                                                      |  |  |
| 1. Entity Name<br><b>HI-TECH ELECTRIC, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |     |                                                                      |                                                                                   |  |
| Principal Place of Business<br><b>21407 NE 38TH AVENUE<br/>AVENTURE FL 33180</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |     | Mailing Address<br><b>21407 NE 38TH AVENUE<br/>AVENTURE FL 33180</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |     | 3. Mailing Address                                                   |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |     | Suite, Apt. #, etc.                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |     | City & State                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country                                                                                             | Zip | Country                                                              | 4. FFI Number<br><b>84-1673970</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |     |                                                                      | Applied For<br><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<br><br><b>NARKES, ABRAHAM<br/>21407 NE 38TH AVENUE<br/>AVENTURE FL 33180</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |     |                                                                      | 7. Name and Address of New Registered Agent                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |     |                                                                      | Name                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |     |                                                                      | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |     |                                                                      | City                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |     |                                                                      | FL Zip Code                                                                       |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |     |                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |     |                                                                      |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |     | 10. ADDITIONS/CHANGES                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR<br>NARKES, ABRAHAM<br>21407 NE 38TH AVENUE<br>AVENTURE FL 33180 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     |     | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |     | 3/18/06 305-945-1451                                                 |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |     | Date Daytime Phone #                                                 |                                                                                   |  |