2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State
08-16-2007 90080 005 ****50.00

08032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000026823

1. Entity Name
1ST ELECTRIC, LLC

Principal Place of Business	Mailing Address
2020 RIVER REACH DRIVE, 155 NAPLES, FL 34104	5433 AIRPORT PULLING ROAD NAPLES, FL 34109

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
46770 National Road		P.O. Box 322	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Clairsville, OH		City & State: St. Clairsville, OH	
Zip: 43950	Country: USA	Zip: 43950	Country: USA

4. FEI Number: 20-2524649 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102

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 ______________________
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR 1ST ELECTRIC GENERAL PARTNERS INC. C/O 2020 RIVER REACH DRIVE, 155 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR 1st Electric General Partners Inc. 46770 Nat'l Rd, P.O. Box 322 St. Clairsville, OH 43950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Roy Dutcher 8/3/2007 304-280-4913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #