2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042811

Entity Name: M&E INSTALLATION SERVICES LLC

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3465 SW FEROE AVENUE 2743 SE DIXIE HIGHWAY PALM CITY, FL 34990 STUART, FL 34996

Current Mailing Address: New Mailing Address:

P.O. BOX 915 2473 SE DIXIE HIGHWAY PALM CITY, FL 34991 STUART, FL 34996

FEI Number: 76-0790838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAMERMAN, ELLIOT 956 SE WESTMINSTER PLACE STUART, FL 34997 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:

Electronic Signature of Registered Agent Date

Title:

ADDITIONS/CHANGES:

(X) Change () Addition

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete

Name: KAMERMAN, ELLIOT Name: KAMERMAN, ELLIOT H
Address: 956 SE WESTMINSTER PLACE Address: 956 SE WESTMINSTER PLACE

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CRAWFORD, JAMES M CRAWFORD, JAMES M

Name:CRAWFORD, JAMESName:CRAWFORD, JAMES MAddress:3465 SW FEROE AVENUEAddress:3465 SW FEROE AVENUECity-St-Zip:PALM CITY, FL 34990City-St-Zip:PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLIOT H KAMERMAN MGRM 01/18/2006