

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90026 007 ****50.00

DOCUMENT # L05000059458 1. Entity Name CHOICE ELECTRIC, LLC			
Principal Place of Business 5453 NORTH 59TH STREET TAMPA, FL 33610		Mailing Address 5453 NORTH 59TH STREET TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box # 338 Commerce Ct. Suite, Apt. #, etc.		3. Mailing Address 338 Commerce Ct. Suite, Apt. #, etc.	
City & State Winter Haven, FL Zip 33880 Country		City & State Winter Haven, FL Zip 33880 Country	
4. FEI Number 75-3195982		Applied For <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 BEHRENFELD, CRAIG E 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606		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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRS NAME PULLEN, RICHARD T STREET ADDRESS 5453 NORTH 59TH STREET CITY-ST-ZIP TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE CEO NAME STREET ADDRESS 338 Commerce Ct. CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PT NAME BRADFORD, JAMES STREET ADDRESS 5453 NORTH 59TH STREET CITY-ST-ZIP TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE President NAME STREET ADDRESS 338 Commerce Ct. CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/23/07 Daytime Phone # 863-293-6726	