2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # L05000080712** 04-13-2006 90043 035 ****50.00 **BISHOP ELECTRIC LLC** Mailing Address Principal Place of Business **1055 PINDER STREET** 1055 PINDER STREET DELTONA FL 32725 DELTONA, FL 32725 US 2. Principal Place of Business 3. Mailing Address Suite, Act. #. etc. Suite, Apt. #, etc. 04102006 CR2E083 (11/05) Chg-LLC 4. FEI Number Applied For City & State City & State 20-336157 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BISHOP, ROBERT W** Street Address (P.O. Box Number is Not Acceptable) 1055 PINDER STREET DELTONA, FL 32725 City 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. 04-09-06 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Deleta TITLE ☐ Change ☐ Addition MLE **BISHOP, ROBERT W** NAME NAME 1055 PINDER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA, FL 32725 MGR Addition Delete ☐ Change TITLE IIILE **BISHOP, PATRICIA A** NAME NAME 1055 PINDER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA, FL 32725 ☐ Delete MLE ☐ Change ☐ Addition TITLE MALE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change IIILE ☐ Delete TIME ■ Addition HALF MAJE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete me ☐ Change ☐ Addition MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

GER, OR AUTHORIZED REPRESENTATIVE

FILED