2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 25, 2008 8:00 am
Secretary of State
03-25-2008 90083 005 ***138.75

DOCUMENT # L06000072932

1. Entity Name
MCDONALD ELECTRIC LLC

Principal Place of Business	Mailing Address
1316 DOG TRACK ROAD PENSACOLA FL 32506 US	PO BOX 3909 PENSACOLA FL 32516 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5583 oKaLoosa st	P.O. Box 3909
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: milton, FL.	City & State: Pensacola, FL.
Zip: 32507 Country: U.S.	Zip: 32516 Country: US

4. FEI Number 57-1240213 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONALD, PHILLIP E 1316 DOG TRACK ROAD PENSACOLA FL 32506	Name: Phillip E. McDonald Street Address (P.O. Box Number is Not Acceptable): 5583 OKaloosa st City: milton, FL Zip Code: 32570

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 Phillip E. McDonald [signature] 3-4-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONALD, PHILLIP E 1316 DOG TRACK ROAD PENSACOLA FL 32306	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Phillip E. McDonald 5583 Okaloosa milton, FL. 32570	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Phillip E. McDonald 3-4-08 850-712-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #