2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2007
Secretary of State

DOCUMENT# L97000000844

Entity Name: AMERICAN HERITAGE ELECTRIC OF SOUTHWEST FLORIDA, L.C.

Current Principal Place of Business:

3821 B TAMIAMI TRAIL
131
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3821 B TAMIAMI TRAIL
131
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0668308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEXINGTON PRALL ENT.
3821 B TAMIAMI TRAIL
131
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WORMSBACHER, DAVID
Address: 3183 TUSKET AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM ( ) Delete
Name: MORAN, WILLIAM
Address: 1330 ABALOMA
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MORAN, WILLIAM
Address: 215 TILLMAN STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM MORAN MGRM 07/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date