

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000735

FILED
Apr 06, 2005
Secretary of State

Entity Name: PARSONS ELECTRIC LLC

Current Principal Place of Business:

5960 MAIN ST. NE
MINNEAPOLIS, MN 55432

New Principal Place of Business:

Current Mailing Address:

5960 MAIN ST. NE
MINNEAPOLIS, MN 55432

New Mailing Address:

FEI Number: 06-1635069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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/MEMBERS:

Title: MGRM () Delete
Name: MORYN, JOEL
Address: 5960 MAIN ST. NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: MGRM () Delete
Name: NORTHQUEST, MICHAEL
Address: 5960 MAIN ST. NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: MGRM () Delete
Name: MORYN, JEFF
Address: 5960 MAIN ST NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: MGRM () Delete
Name: JANDRO, STEVEN
Address: 5960 MAIN ST NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: MGRM () Delete
Name: KARSKY, DAVID
Address: 5960 MAIN ST NE
City-St-Zip: MINNEAPOLIS, MN 55432

Title: MGRM () Delete
Name: STONE, STEVEN
Address: 5960 MAIN ST NE
City-St-Zip: MINNEAPOLIS, MN 55432

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL NORTHQUEST

MGRM

04/06/2005

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