2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# M02000001815

Entity Name: STRUCTURED WIRING & ELECTRIC, L.L.C.

Current Principal Place of Business:

2045 MEETING STREET
CHARLESTON, SC 29405

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22045
CHARLESTON, SC 294132045

New Mailing Address:

FEI Number: 37-1428754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, EDWARD L
4088 DRIFTING SAND TRAIL
DESTIN, FL 32541 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: MGR ( ) Delete
Name: MURRAY, J. MIKELL
Address: P.O. BOX 22045
City-St-Zip: CHARLESTON, SC 294132045

Title: MGR ( ) Delete
Name: FABIAN, FREDERICK T
Address: 624-E LONGPOINT ROAD
City-St-Zip: MT. PLEASANT, SC 29464

Title: MGR ( ) Delete
Name: SMITH, EDWARD T
Address: 624-E LONGPOINT ROAD
City-St-Zip: MT. PLEASANT, SC 29464

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: SMITH, EDWARD L
Address: 624-E LONGPOINT ROAD
City-St-Zip: MT. PLEASANT, SC 29464

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: EDWARD L. SMITH MGR 03/16/2004

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