

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000252

FILED
Feb 28, 2008
Secretary of State

Entity Name: ERVIN CABLE CONSTRUCTION, LLC

Current Principal Place of Business:

450 PRYOR BLVD
STURGIS, KY 42459

New Principal Place of Business:

Current Mailing Address:

11770 U.S. HIGHWAY 1
SUITE 101
PALM BEACH GARDENS, FL 33408

New Mailing Address:

FEI Number: 22-3882749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: STEVEN, NIELSEN
Address: 11770 U.S. HIGHWAY 1, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: MGR () Delete
Name: RICHARD, DUNN L
Address: 11770 U.S. HIGHWAY 1, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: MGR () Delete
Name: GARY, ERVIN E
Address: 450 PRYOR BLVD.
City-St-Zip: STURGIS, KY 42459

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:

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: RICHARD L. DUNN

MGR

02/28/2008

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