

**2006**  
**LIMITED PARTNERSHIP**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000079586**  
1. Entity Name  
**K & M Electric, INC.**

FILED  
06 APR 19 AM 9:30  
TALLAHASSEE, FLORIDA

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DUE BY MAY 1

2. Principal Place of Business <b>Gainesville</b> Suite Apt. #, etc		3. Mailing Address <b>Po Box 13734</b> Suite Apt. #, etc		4. FFI Number <b>59-3529627</b>		Applied For Not Applicable	
City & State <b>Gainesville, Fla.</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip <b>32604</b>	Country	Zip	Country				

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7. Name and Address of Current Registered Agent

Name **Michael Moore**  
Street Address (P.O. Box Number is Not Acceptable)  
**203 Wilson Ave.**  
City **Interlachen** FL Zip Code **32148**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record 10. Amount of Capital Contributions in FLORIDA to date 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>DP</b> <b>Michael Moore</b> <b>203 Wilson Ave.</b> <b>Interlachen, Fl. 32148</b>	STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **[Signature]** **4/14/06** **(352) 494 6187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE