


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90032 042 ****50.00

DOCUMENT # L05000072740	
1. Entity Name ZAYAS ELECTRIC L.L.C.	

Principal Place of Business 306 SOUTH 10TH STREET, SUITE 101 HAINES CITY FL 33844	Mailing Address 306 SOUTH 10TH STREET, SUITE 101 HAINES CITY FL 33844
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2. Principal Place of Business 123 OLD SPANISH WAY	3. Mailing Address PO Box 3302
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

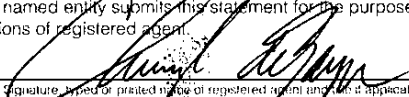
City & State WINTER HAVEN FL	City & State HAINES CITY FL
Zip 33884	Zip 33845-3302
Country USA	Country USA

4. FEI Number 20-3020778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DEZAYAS, CHERYL 306 SOUTH 10TH STREET, SUITE 101 HAINES CITY FL 33844

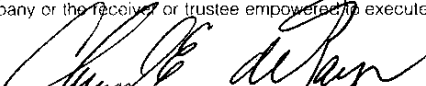
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 115 S. 10th STREET 123 OLD SPANISH WAY City WINTER HAVEN FL Zip Code 33884
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/28/06

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGR DEZAYAS, CHERYL 306 SOUTH 10TH STREET, SUITE 101 HAINES CITY FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PCEO DEZAYAS, CHERYL 306 SOUTH 10TH STREET, SUITE 101 HAINES CITY FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DEZAYAS, MICHELLE 306 SOUTH 10TH STREET, SUITE 101 HAINES CITY FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 3302 HAINES CITY FL 33845-3302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 3302 HAINES CITY FL 33845-3302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 3302 HAINES CITY FL 33845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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: 	DATE 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/28/06 Daytime Phone # 863 258 8544