


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000005649

1. Entity Name
ENERGY TASK FORCE, LLC



Principal Place of Business Mailing Address

2475 CLARK ST **2475 CLARK ST**
APOPKA, FL 32703 **APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3645714 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUMPHRIES, J. G
300 SOUTH ORANGE AVENUE
SUITE 100
ORLANDO, FL 32801-3373

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEWELL, JAY
STREET ADDRESS	238 SELKIRK WAY
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	MGRM
NAME	VENTURE MANAGEMENT GROUP INC
STREET ADDRESS	394 E DR
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000023390
 02/02/02-80001-017 50.00

U00000028897
 02/04/04-80042-017 50.00

11. 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 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: *Jay Newell* Date: 1/28/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE