

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005649

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** ENERGY TASK FORCE, LLC

**Current Principal Place of Business:**

2475 CLARK ST  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

2475 CLARK ST  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 59-3645714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUMPHRIES, J. G  
300 SOUTH ORANGE AVENUE  
SUITE 100  
ORLANDO, FL 328013373 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: MGRM ( ) Delete  
Name: NEWELL, JAY  
Address: 14 WAYMOUTH HARBOR COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: VENTURE MANAGEMENT G, ROUP INC  
Address: 394 E DR  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NEWELL, JAY  
Address: 214 WAYMOUTH HARBOR COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition  
Name: VENTURE MANAGEMENT G, ROUP INC  
Address: 394 EAST DR  
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY NEWELL

MGMR

01/10/2006

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