


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90124 007 \*\*\*\*50.00

**DOCUMENT # L02000008692**

1. Entity Name  
**FPL SERVICES, LLC**



Principal Place of Business  
**700 UNIVERSE BOULEVARD  
 JUNO BEACH, FL 33408**

Mailing Address  
**700 UNIVERSE BOULEVARD  
 JUNO BEACH, FL 33408**


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**700 UNIVERSE BOULEVARD**  
 Suite, Apt. #, etc.  
**c/o DENNIS P. COYLE**

City & State  
**JUNO BEACH, FL**

Zip  
**33408**

Country  
**USA**



01292004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**02-0600532**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEON, J.E.**  
**9250 WEST FLAGLER STREET**  
**MIAMI, FL 33174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)


Signature, typed or printed name of registered agent and title if applicable. DATE

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FPL ENERGYSYS, INC. 700 UNIVERSE BOULEVARD JUNO BEACH, FL 33408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **Dennis P. Coyle** **01/29/04** **(561) 694-3424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #