

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036096

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: DGAS, L.L.C.

**Current Principal Place of Business:**

2730 ROSS CLARK CIRCLE  
DOTHAN, FL 36301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1668  
DOTHAN, AL 36302

**New Mailing Address:**

FEI Number: 20-2425636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CREEL, DOUGLAS E  
Address: 103 N ENGLEWOOD AVE  
City-St-Zip: DOTHAN, AL 36303

Title: MGRM ( ) Delete  
Name: WEEKS, GARY CARLOS  
Address: 2007 STONEWOOD DR  
City-St-Zip: DOTHAN, AL 36301

Title: MGRM ( ) Delete  
Name: STE INVESTMENTS II L, LC  
Address: 185 N OATES STREET  
City-St-Zip: DOTHAN, AL 36303

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DOUGLAS E. CREEL

MGR

01/05/2006

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