


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90064 008 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L04000071548</b><br>1. Entity Name<br><b>FINERGY, LLC</b>  |  |  |  |    |  |
| Principal Place of Business<br>205 NORTH ORANGE AVE.<br>SUITE 2N<br>SARASOTA, FL 34236 US  |  |  | Mailing Address<br>205 NORTH ORANGE AVE.<br>SUITE 2N<br>SARASOTA, FL 34236 US  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  | 01032007 Chg-LLC CR2E083 (12/06)  |  |
| 4. FEI Number<br><b>20-1696181</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WAGNER, E. JOHN II</b><br><b>200 S. ORANGE AVENUE</b><br><b>SARASOTA, FL 34236</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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) DATE _____  |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>GAGLIARDI, INNOCENTO</b><br><b>3470 FRUITVILLE RD.</b><br><b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>GAGLIARDI, INNOCENTO</b><br><b>205 N. Orange Avenue Suite 2N</b><br><b>Sarasota, FL 34236</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 Chapter 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | 01/03/07 941-917-0494<br><small>Date Daytime Phone #</small>   |   |  |