

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018830

FILED  
Jul 10, 2006  
Secretary of State

**Entity Name:** CORKSCREW EAST ENERGY, L.L.C.

**Current Principal Place of Business:**

9000 SHERIDAN STREET  
SUITE 136  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

9000 SHERIDAN STREET  
SUITE 136  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 55-0787637      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DEUTSCH, STEVEN W ESQ.  
7805 S.W. 6TH COURT  
PLANTATION, FL 33324 US

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

DEUTSCH, STEVEN W ESQ.  
FRANK WEINBERG BLACK, PL  
7805 S.W. 6TH COURT  
PLANTATION, FL 33324 US

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: STEVEN W. DEUTSCH, ESQ.

07/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CRUZ, CLEMENTE E  
Address: 9000 SHERIDAN STREET, SUITE 136  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

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: CLEMENTE E. CRUZ

MGR

07/10/2006

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