## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000011864

## **ENERGY ACCOUNTING SERVICES, LLC**



**FILED** Mar 11, 2003 8:00 am Secretary of State 03-11-2003 90026 033 \*\*\*\*50.00

BOCA NATION FL 33401  2. Principal Place of Brushness  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  Cit					1	TEST				
BOCA RATON FL 33451  2. Principal Place of Bruennes  Sulfe, April 4, otc.  City & State  STATE Closes of Curriery  S. Certificate of Status Desired  S. Country  S. Certificate of Status Desired  S. Certificate of Status Desired  S. Country  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Nu	Principal Plac	e of Business	Mailing Address							
Suite. Apt. #. etc.   Suite.								(1 <b>00</b> 4   11 <b>36)</b> (011 <b>)</b>		
City & State    City & State   City & State   City & State   City & State   Country   St. Certificate of Status Desired   S\$. 200 Applicable	2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired See See See See See See See See See S	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Country	City & State		City & State	City & State			oer <b>65-1045957</b>			
Name	Zip Country		Zip	Zip Country		5. Certificat	5 Certificate of Status Desired \$5.00 Additional			
BRYON, CHRIS 3835 NW 4TH AVENUE BOCA RATION FL 33431  City FL Zip Code  City FL Zip Code  6. 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  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 and the representation of registered agent.  SIGNATURE  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.  FILE NOW!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  P MANAGING MEMBERS/MANAGERS  P MANAGING MEMBERS/MANAGERS  OTH-51-2P  BRYON, CHRIS  3835 NW 4TH AVE.  BRYON, CHRIS  3835 NW 4TH AVE.  BRYON CHRIS  SINET ADDRESS  OTH-51-2P  TITLE  Delete  TITLE  Delete		6. Name and Address of Curren	nt Registered Agent	gistered Agent		7. Name an	7. Name and Address of New Registered Agent			
BOCA RATON FL 33431  City FL Zip Code  City Flegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  City Flegistered Agent signature required whom mirrataling)  DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  S. MANAGING MEMBERS/MANAGERS  INLE  BRYON, CHRIS  BRYON, CHRIS  SIBER ADDRESS  CITY-S1-Zip CITY-S1-Zip  CITY-S1-Zip	BRY	ON, CHRIS								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Synature   Syna				Street Address			per is Not Acceptable)			
8. The above named errity submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    P		·		City			<b>_</b>	Zip Cod	le	
SIGNATURE Signature, spead or printed name of registered agent and tito if application. (NOTE: Registered Agent signature required when reintating)						· · · · · · · · · · · · · · · · · · ·				
Signature, typed or jurised against and tills if applicable. (INCTE: Registered Agents of granuture revisibility) (INCTE: Registered Agents of granuture revisibility) (INCTE: Registered Agents of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE  P			for the purpose of changing its	s registeri	ed office or i	registered agent, or bo	oth, in the state of Florida. Tarr	i tamiliar with,	and accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE P O	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES	Make Check Payable to Florida Department of State									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	q	MANAGING MEME	· : <u>-</u> .	S/MANAGERS 10			ADDITIONS/CHANGES			
NAME STREET ADDRESS OCTY-ST-ZIP TITLE NAME STREET ADDRESS OCTY-ST-ZIP STREET ADDRESS OCTY-ST-ZIP TITLE NAME STREET ADDRESS OCTY-ST-ZIP STREET ADDRESS OC		1 5		_	E T				Addition	
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431  TITLE NAME STREET ADDRESS CITY-ST-ZIP		BRYON, CHRIS		NAM	IE					
TITLE	STREET ADDRESS			STR	EET ADDRESS					
NAME   STREET ADDRESS	CITY-ST-ZIP	BOCA RATON FL 33431		CITY	'-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE				STRE	EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		· I	<del>~~~~</del>		Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					I .					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					1				1	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL	E			☐ Change	☐ Addition	
CITY-ST-ZIP	NAME			NAM	ie					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP					1				1	
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	*		_						
STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					i i					
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP					I					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL	É			Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP				NAM	ie ·			-		
	1				I .					
44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CITY-ST-ZIP			CITY	-ST-ZIP		VIII. 61 41 9			

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 informatic 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: SIGNATURE AND TYPED OR PRINTED

561.368-1042