

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90032 027 ****50.00

956174



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000009210
1. Entity Name PICAYUNE POWER COMPANY, LLC

Principal Place of Business 801 LAUREL OAK DRIVE SUITE 400 NAPLES, FL 34108	Mailing Address 801 LAUREL OAK DRIVE SUITE 400 NAPLES, FL 34108
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2. Principal Place of Business 1061 COLLIER CENTER WAY Suite, Apt. #, etc. SUITE 5 City & State NAPLES, FL Zip 34110 Country USA	3. Mailing Address 1061 COLLIER CENTER WAY Suite, Apt. #, etc. SUITE 5 City & State NAPLES, FL Zip 34110 Country USA
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4. FEI Number 59-3725032	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DON E. LESTER 801 LAUREL OAK DRIVE SUITE 400 NAPLES, FL 34108
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7. Name and Address of New Registered Agent Name DON E. LESTER Street Address (P.O. Box Number is Not Acceptable) 1061 COLLIER CENTER WAY SUITE 5 City NAPLES FL Zip Code 34110
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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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-25-02
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DON E. LESTER 801 LAUREL OAK DRIVE, STE. 400 NAPLES, FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1061 COLLIER CENTER WAY, SUITE 5 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4-25-02	Daytime Phone # 239-593-1000
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CR2E083 (9/01)