


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90022 024 \*\*\*\*50.00

<b>DOCUMENT # L01000009210</b>	
1. Entity Name <b>PICAYUNE POWER COMPANY, LLC</b>	

Principal Place of Business <b>1061 COLLIER CENTER WAY</b> <del>SUITE 5</del> <b>NAPLES, FL 34110</b>	Mailing Address <b>1061 COLLIER CENTER WAY</b> <del>SUITE 5</del> <b>NAPLES, FL 34110</b>
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**24064927**



2. Principal Place of Business  Suite, Apt. #, etc. <b>No suite no.</b> City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc. <b>No suite no.</b> City & State  Zip Country
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04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3725032</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>LESTER, DONALD E</b> <b>1061 COLLIER CENTER WAY</b> <del>SUITE 5</del> <b>NAPLES, FL 34110</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Don E. Lester</b> Street Address (P.O. Box Number is Not Acceptable) <b>1061 Collier Center Way</b> (No suite no.) City <b>Naples</b> <b>FL</b> Zip Code <b>34110</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Don E. Lester* 4-28-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LESTER, DON E 1061 COLLIER CENTER WAY, <del>STE 5</del> NAPLES, FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Don E. Lester 1061 Collier Center Way (No suite no.) Naples, FL 34110</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *Don E. Lester* 4-28-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #