2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016531

1. Entity Name
IDGAS, L.L.C.

Principal Place of Business	Mailing Address
PO BOX 25177 TAMPA, FL 33622-5177	PO BOX 25177 TAMPA, FL 33622-5177

02172004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746892

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERO, CESAR J
2203 N. LOIS AVE. #700
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	S
NAME	CAMPO, JOAQUIN M
STREET ADDRESS	3301 CHEVIOT DR.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	P
NAME	ODOM, ROBERT
STREET ADDRESS	2510 PEMBERTON DR
CITY-ST-ZIP	SESSNER, FL 33584
TITLE	T
NAME	RIVERO, CESAR J
STREET ADDRESS	19020 GULF BLVD. #5
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000057888
02/20/04-80007-016 50.00

DO NOT WRITE IN THIS SPACE

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: Cesar J. Rivero 2/16/04 (813) 875-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #