LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am

DOCUMENT # L01000021377					Secretary of State 05-13-2002 90209 021 ****50.00		
9000	Energy, LLC Sheridan Street Suroke Pines, FL 3300	uite #136					
j	DO NOT WRITE II		ACE			,	
2. Principal 9000		Mailing Address OO Sherida	n St #136		מה	in and the sta	
Suite, Apt. #, etc. Suite #136 Suite #			, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta Репь	te	City & State		4. FEI Numbe	-0005802	Applied For	
Zip 3302	Country 3	mbroke Pin Zip 3024	OS, FL Country USA		of Status Desired	\$5.00 Additional	
3302	4 USA	3024		7. Name and A	ddress of Current Registere	Fee Required d Agent	
	DO NOT WRI	- —	Street Addre	utsch, St ss (P.O. Box Numbe SW 6th Co	r is Not Accentable)		
				ntation	FL	- 33324	
8. The above	e named entity submits this statement for the p	ourpose of changing its re	gistered office or regi	stered agent, or both	ı, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable.	.		DAIL		
			E IS \$50.00		DAIL		
			able to Department E BY MAY 1	t of State			
9.	MANAGING MEMBERS/M	ANAGERS					
TITLE NAME STREET ADDRESS	Manager Clemente Enrique (Trui o	TITLE NAME			CRZEDBAB (12/01)	
CITY-ST-ZIP	1526 Tamarind Cour	t	STREET ADDRESS CITY+ST-ZIP			338 (
TITLE NAME	Weston, FL 33327		TITLE				
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			, E	
TITLE NAME			TITLE	····			
STREET ADDRESS CITY - ST - ZIP			NAME STREET ADDRESS CITY-ST-ZIP	DC	NOT WRI	ΓE	
TITLE NAME			TITLE		THIS SPACE	·	
STREET ADDRESS			NAME STREET ADDRESS	III	THIS SPAC	,	
CITY-ST-ZIP TITLE			CITY-ST-ZIP				
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TITLE			TITLE				
NAME STREET ADDRESS		ł	NAME STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
In I hereby ce indicated o	ertify that the information supplied with this filing this report is true and accurate and that my	ng does not qualify for the signature shall have the	exemption stated in S	Section 119.07(3)(i),	Florida Statutes, I further certi	fy that the information	

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 BIGNING MANA