

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003753

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: GAS, LC

## Current Principal Place of Business:

1089 S.E. 9TH COURT  
HIALEAH, FL 33010 US

## New Principal Place of Business:

## Current Mailing Address:

1089 S.E. 9TH COURT  
HIALEAH, FL 33010 US

## New Mailing Address:

FEI Number: 01-0612562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIMMEL, ROBERT L  
3191 CORAL WAY, PH-2  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SIMS, ALAN  
Address: 1089 S.E. 9TH COURT  
City-St-Zip: HIALEAH, FL 33010 US

Title: MGRM ( ) Delete  
Name: SIMS, GORDON  
Address: 1089 S.E. 9TH COURT  
City-St-Zip: HIALEAH, FL 33010 US

Title: D ( ) Delete  
Name: SIMS, ALAN  
Address: 1089 S.E. 9TH COURT  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: SIMS, ALAN  
Address: 1089 S.E. 9TH COURT  
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALAN D SIMS

MGRM

04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date