


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90010 005 \*\*\*\*50.00

<b>DOCUMENT # L02000004286</b>	
1. Entity Name <b>EAU GALLIE ENERGY, L.L.C.</b>	

Principal Place of Business <b>9000 SHERIDAN ST. SUITE 132 PEMBROKE PINES FL 33024</b>	Mailing Address <b>9000 SHERIDAN ST. SUITE 132 PEMBROKE PINES FL 33024</b>
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2. Principal Place of Business <b>9000 Sheridan Street</b>	3. Mailing Address <b>9000 Sheridan Street</b>
Suite, Apt. #, etc. <b>#136</b>	Suite, Apt. #, etc. <b>#136</b>
City & State <b>Pembroke Pines, FL</b>	City & State <b>Pembroke Pines, FL</b>
Zip <b>33024</b>	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

4. FEI Number <b>01-0591289</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DEUTSCH, STEVEN C/O FRANK, WEINBERG &amp; BLACK, P.L. 7805 S.W. 6TH CT. PLANTATION FL 33324</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CRUZ, CLEMENTE E 9000 SHERIDAN STREET, SUITE 132 PEMBROKE PINES FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CRUZ, CLEMENTE E 9000 Sheridan Street, Suite 136 Pembroke Pines, FL, 33024</b> <input checked="" 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
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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #