

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90044 033 \*\*\*\*55.00

|                                                      |                                                                                   |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000018385</b>                       |  |
| 1. Entity Name<br>SUNNILAND GAS STORAGE COMPANY, LLC |                                                                                   |

|                                                                                              |                                                                            |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br>TEN THOUSAND MEMORIAL DRIVE<br>SUITE 250<br>HOUSTON, TX 77024 | Mailing Address<br>211 N ROBINSON STE 1510<br>OKLAHOMA CITY, OK 73102-7101 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                                |                                               |
|--------------------------------|-----------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address<br>2800 S Kelly Ave, Ste E |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                           |
| City & State                   | City & State<br>Edmond, OK                    |
| Zip                            | Country                                       |
| Country                        | Zip<br>73013-3730                             |
|                                | USA                                           |

**14002609**



04052005 Chg-LLC CR2E083 (10/03)

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>48-1270938                                          | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | 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 \_\_\_\_\_

|                                                     |                                                              |
|-----------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                   | 10. ADDITIONS/CHANGES                          |                                                                                                                                                          |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JIMERSON, JAY C<br>211 N ROBINSON STE 1510<br>OKLAHOMA CITY, OK 731027101 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JIMERSON, JAY C<br>2800 S Kelly Ave, Ste E<br>Edmond, OK 73013-3730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *Jay C. Jimeron*, Managing Director 4/8/05 405-715-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #