2006 LIMITED LIABILITY COM ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90042 007 ****50.00

DOCUMENT # L02000018385

1. Entity Name
SUNNILAND GAS STORAGE COMPANY, LLC

Principal Place of Business	Mailing Address
TEN THOUSAND MEMORIAL DRIVE SUITE 200 HOUSTON, TX 77024	2800 S KELLY AVE STE E EDMOND, OK 73013-3730 US

04192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 48-1270938 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City / 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Voorhees, Robert R., Jr. Ten Thousand Memorial, Suite 200 Houston, TX 77024	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Thrash, John F. Ten Thousand Memorial, Suite 200 Houston, TX 77024	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Clifton, G. Steve Ten Thousand Memorial, Suite 200 Houston, TX 77024	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ROBERT R. VOORHEES JR., MANAGER 4-28-06 713-520-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #