

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018385

FILED
Apr 27, 2009
Secretary of State

Entity Name: SUNNILAND GAS STORAGE COMPANY, LLC

Current Principal Place of Business:

TEN THOUSAND MEMORIAL DRIVE
SUITE 200
HOUSTON, TX 77024

New Principal Place of Business:

Current Mailing Address:

C/O ECORP 10000 MEMORIAL DRIVE
SUITE 200
HOUSTON, TX 77024 US

New Mailing Address:

FEI Number: 48-1270938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGRM () Delete
Name: VOORHEES, ROBERT R JR
Address: 10000 MEMORIAL STE 200
City-St-Zip: HOUSTON, TX 77024

Title: MGRM () Delete
Name: THRASH, JOHN F
Address: 10000 MEMORIAL STE 200
City-St-Zip: HOUSTON, TX 77024

Title: MGRM () Delete
Name: CLIFTON, G. STEVE
Address: 10000 MEMORIAL STE 200
City-St-Zip: HOUSTON, TX 77024

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT R. VOORHEES, JR.

MGR

04/27/2009

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