LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
03-04-2003 90156 026 ****50.00

DOCUMENT # L02000018385

1. Entity Name
SUNNILAND GAS STORAGE COMPANY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Ten Thousand Memorial		211 North Robinson	
Suite, Apt. #, etc.: Suite 530		Suite, Apt. #, etc.: Suite 1510	
City & State: Houston, TX		City & State: Oklahoma City	
Zip: 77024-3410	Country: USA	Zip: 73102-7101	Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Jay C. Jimerson 211 North Robinson, Suite 1510 Oklahoma City, OK 73102-7101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Jimerson (Jay Jimerson) 2-6-03 405-235-5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #