

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019251

FILED
May 16, 2004
Secretary of State

Entity Name: PENINSULA ENERGY LLC

Current Principal Place of Business:

21707 SAN SIMEON CIRCLE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21707 SAN SIMEON CIRCLE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 71-0966740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROVES, BRADLEY B
300 WALNUT RIDGE CIRCLE
LAKE MARY, FL 32746 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/MEMBERS:

Title: MGRM () Delete
Name: DUFFY, KEITH F
Address: 21707 SAN SIMEON CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: MEM (X) Delete
Name: GROVES, BRADLEY B
Address: 300 WALNUT RIDGE CIRCLE
City-St-Zip: LAKE MARY, FL 33746

Title: MEM () Delete
Name: KARGER, WILLIAM C
Address: 12449 NW 63RD STREET
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: DUFFY, SCOTT M
Address: 21707 SAN SIMEON CIRCLE
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH F. DUFFY

MGRM

05/16/2004

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