


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90013 006 \*\*\*\*55.00

<b>DOCUMENT # L02000021796</b> 1. Entity Name <b>COSUGAS, LLC</b>					
Principal Place of Business <b>5700 NORTHWEST 32 COURT</b> <b>MIAMI, FL 33142 US</b>			Mailing Address <b>1289 MAJESTY TERRACE</b> <b>WESTON, FL 33327 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>966 NANDINA DR</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>WESTON FL</b>  Zip                      Country <b>33327 USA</b>		4. FEI Number <b>05-0540995</b>  Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				03012006    Chg-LLC    CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  <b>GIACOMELLI, HERMAN</b> <b>2500 PARKVIEW DR. #1107</b> <b>HALLANDALE, FL 33009</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CIA SUDAMERICANA, DE GAS SRL</b> <b>ORITZ DE OCAMDO 19</b> <b>QUILMES, AR B1877-JRA</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HERMAN GIACOMELLI</b> <b>966 NANDINA DR.</b> <b>WESTON FLORIDA 33327</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GIACOMELLI, HERMAN</b> <b>1289 MAJESTY TERRACE</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <b>04/05/06</b> <b>(954) 249 6820</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					