

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031524

FILED
Feb 15, 2004
Secretary of State

Entity Name: G&G GAS AND ELECTRIC, LLC

Current Principal Place of Business:

223 RUE DES LACS
TARPON SPRINGS, FL 34688

New Principal Place of Business:

233 RUE DES LACS
TARPON SPRINGS, FL 34688

Current Mailing Address:

223 RUE DES LACS
TARPON SPRINGS, FL 34688

New Mailing Address:

233 RUE DES LACS
TARPON SPRINGS, FL 34688

FEI Number: 04-3725117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, STEVEN P
4805 W. LAUREL STREET
230
TAMPA, FL 33607 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: SYPERDA, GLENN A
Address: 223 RUE DES LACS
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM () Delete
Name: SYPERDA, VIRGINIA A
Address: 223 RUE DES LACS
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SYPERDA, GLENN A
Address: 233 RUE DES LACS
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM (X) Change () Addition
Name: SYPERDA, VIRGINIA A
Address: 233 RUE DES LACS
City-St-Zip: TARPON SPRINGS, FL 34688

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: GLENN A SYPERDA

MGRM

02/15/2004

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