LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR) Mar 12, 2003 8:00 am Secretary of State DOCUMENT # L02000031524 1. Entity Name 03-12-2003 90013 011 ****50.00 G&G GAS AND ELECTRIC, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Busines 3. Mailing Address 233 Rue D same Suite, Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City_& State 04-372511 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE IN THIS SPACE pr registered agent, or both, in the State of Florida. I am familiar with, and accept The abov the obliga **SIGNATURE** FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS Member Manager TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Tarpon Springs TITLE TITLE Virginia A. Sipor 233 Rue Des Lacs NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE TITLE NAME NAME

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 accorate 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIRNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTA

STREET ADDRESS

CITY-ST-ZIP

3-04-03 727-937-724

FILED