

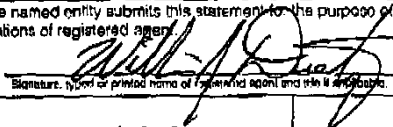
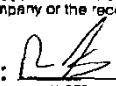
01/27/2006 13:09 4076489193

WILLIAM

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 023 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000031789			
1. Entity Name DAVENPORT GAS, LLC			
Principal Place of Business 101 THOUSAND OAKS BLVD DAVENPORT, FL 33896		Mailing Address 101 THOUSAND OAKS BLVD DAVENPORT, FL 33896	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01242006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 98-0385130		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIETZ, WILLIAM J 25 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801		Name WILLIAM J. DIETZ Street Address (P.O. Box Number is Not Acceptable) 930 WOODCOCK RD SUITE 223 City ORLANDO FL Zip Code 32803	
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	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEAHY, RICHARD A 101 THOUSAND OAKS BLVD DAVENPORT, FL 33896 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEAHY, JAMIE 101 THOUSAND OAKS BLVD. DAVENPORT, FL 33896 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date Daytime Phone *			

20038678