

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000015944**

1. Entity Name  
**ENERGY RESOURCES CONSULTANCY  
INTERNATIONAL, LLC**



Principal Place of Business  
**1711 CHARLESTON WOODS CT.  
PLANT CITY, FL 33566-0954**

Mailing Address  
**P.O. BOX 89099  
TAMPA, FL 33689-0401**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2356156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHORTER, VERNON  
1711 CHARLESTON WOODS CT.  
PLANT CITY, FL 33566-0954**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, GEORGE C 11 BRIGHTWATER CIRCLE NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCAULEY, WM J 18 TEKELS AVE CANBERLEY SURREY, UK GU152LB
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TSING HSIEH, SHIEN 4685 CLEARY AVE METAIRIE, LA 70002
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRIPOWICZ, ROBERT S 603 WEST SECOND ST FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHORTER, CHRISTOPHER E 1638 TALLULA NW ATLANTA, GA 30318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000388632  
01/20/06-80012-017 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**Vernon R. Shorter**

Date **1/11/2006** Daytime Phone # **813-**

**President & Managing Director**

**659-**