


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-19-2004 90033 010 ****50.00

DOCUMENT # L03000016213			
1. Entity Name LESSENERGY SYSTEMS, LLC			
Principal Place of Business 6923 OSWEGO DR MT DORA FL 32757		Mailing Address PO BOX 997 ZELLWOOD FL 32798	
2. Principal Place of Business		3. Mailing Address PO Box 543	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Plymouth FL	
Zip	Country	Zip	Country
32768	ORANGE	65-1187204	4. FEI Number
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERSON, ROBERT 6923 OSWEGO DR MT DORA FL 32757		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reassigning) _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING Member Robert R Roberson Box 543 Plymouth FL 32768	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Joe Gooeport 9978 W Blue CROCKETT WAY THESON AZ 85143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Talked to Diane 5-12. Was to H to take NON-MANAGING PARTNER off Report. THANKS			
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 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: Robert R Roberson		Date: 4-15-04 407-8868981	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

39000000



MOORE CR2E083 (11/03)

Retained 4-28-04
 Retained 5-13-04