

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018663

Entity Name: TRANCE ENERGY LLC

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

5227 E COLONIAL DR  
A  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

5227 E COLONIAL DR  
A  
ORLANDO, FL 32807

**New Mailing Address:**

FEI Number: 38-3680696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARLOV, EUGENI  
106 LEWFIELD CIR  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

KARLOV, EUGENI  
7743 BRANCHWOOD LN  
WINTER PARK, FL 32792 US

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: EUGENI KARLOV

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DPS ( ) Delete  
Name: KARLOV, EUGENI  
Address: 106 LEWFIELD CIR  
City-St-Zip: WINTER PARK, FL 32792

Title: DPS ( ) Delete  
Name: EVELYN, KARLOV  
Address: 106 LEWFIELD CIR  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: DPS (X) Change ( ) Addition  
Name: KARLOV, EUGENI  
Address: 7743 BRANCHWOOD LN  
City-St-Zip: WINTER PARK, FL 32792

Title: MG (X) Change ( ) Addition  
Name: EVELYN, KARLOV  
Address: 106 LEWFIELD CIR  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EVELYN KARLOV

MG

04/27/2007

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