


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000036838</b> 1. Entity Name DIATOM ENERGY, LLC	
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Principal Place of Business C/O BUTZEL LONG, P.C. STE. 420, 1200 N. FEDERAL HWY. BOCA RATON, FL 33432	Mailing Address C/O BUTZEL LONG, P.C. STE. 420, 1200 N. FEDERAL HWY. BOCA RATON, FL 33432
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01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3138378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RAYMOND, JOHN J JR. BUTZEL LONG, P.C. STE. 420, 1200 N. FEDERAL HWY. BOCA RATON, FL 33432	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRE CORAL MANAGEMENT, INC, 1200 N. FEDERAL HWY., STE. 420 BOCA RATON, FL 33432
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04/18/07-80063-011 50.00

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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:** Jay E. Lasner, President, Fire Coral Mgmt, Inc, Manager 4/7/07 (954) 501-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #