


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90062 041 \*\*\*\*\*50.00

DOCUMENT # L03000051478	
1. Entity Name P&L FEDERAL GAS SERVICES, L.L.C.	

Principal Place of Business 536 BILTMORE WAY CORAL GABLES, FL 33134	Mailing Address 536 BILTMORE WAY CORAL GABLES, FL 33134
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2. Principal Place of Business 3900 N. Federal Hwy Suite, Apt. #, etc.	3. Mailing Address 2545 Canterbury Dr. N. Suite, Apt. #, etc.
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02062004 Chg-LLC CR2E083 (10/03)

City & State Lighthouse Point Florida	City & State West Palm Beach FL	4. FEI Number 83-0382199	Applied For <input type="checkbox"/> Not Applicable
Zip 33064	Country Broward	Zip 33407	Country Palm Beach
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CUEVAS, ANDREW 536 BILTMORE WAY CUEVAS & ORTIZ, P.A. CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Virgilio Flores Street Address (P.O. Box Number is Not Acceptable) 2545 Canterbury Dr. N. City West Palm Beach FL Zip Code 33407
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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 *Virgilio Flores* Virgilio Flores manager 4-25-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, VIRGILIO 536 BILTMORE WAY CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Virgilio Flores* 4-25-04 (561) 841-8274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #