


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90025 037 ***138.75

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|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000051833 |  |
| 1. Entity Name SE BARCO GAS PIPING SERVICES, LLC | |

| | |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 1818 PORTLAND AVE TALLAHASSEE, FL 32303 | Mailing Address 1818 PORTLAND AVE TALLAHASSEE, FL 32303 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

00000001



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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

05052008 Chg-LLC CR2E083 (12/06)

| | |
|---------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | |
| BARCO, SAMUEL E 1818 PORTLAND AVE TALLAHASSEE, FL 32303 | |

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 _____

| | | |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BARCO, SAMUEL E 1818 PORTLAND AVE TALLAHASSEE, FL 32303 <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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| 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 |

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: Samuel E. Barco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____