

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039663

Entity Name: PROMENADE GAS, LLC

FILED
Jun 02, 2005
Secretary of State

Current Principal Place of Business:

C/O 4343 130 SOUTH AVE
WELLINGTON, FL 33414

New Principal Place of Business:

9890 HWY ALT A1A
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O 4343 130 SOUTH AVE
WELLINGTON, FL 33414

New Mailing Address:

9890 HWY ALT A1A
PALM BEACH GARDENS, FL 33410

FEI Number: 20-2737904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRITO, LEONARDO F
1001 BRICKELL BAY DRIVE, SUITE 1812
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FISHER, ANDRES VICEPRE
Address: 1001 BRICKEL BAY DRIVE SUITE 1812
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Change (X) Addition
Name: HOET, FRANKLIN T PRE
Address: 13412 57TH PLACE S
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANKLIN HOET

MGRM

06/02/2005

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