2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 09, 2006 8:00 am
Secretary of State
02-15-2006 90132 011 ****50.00

DOCUMENT # L05000027269

1. Entity Name
AMKON ENERGY, LLC

Principal Place of Business	Mailing Address
22120 BOCA PLACE DRIVE, APT. #1411 BOCA RATON, FL 33433	22120 BOCA PLACE DRIVE, APT. #1411 BOCA RATON, FL 33433

01102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		1675-Ripley Run	
Suite, Apt. #, etc.		Suite, Apt. #, etc. WELLINGTON	
City & State		City & State Florida	
Zip	Country	Zip 33414	Country USA

4. FEI Number 20-2529557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KONDRAT, GEORGE J 22120 BOCA PLACE DRIVE, APT. #1411 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1675-Ripley RUN WELLINGTON, Florida 33414	☒ Change ☐ Addition
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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: [signature] GEORGE KONDRAT JAN 28/2006 561-715-5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #