

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90010 040 \*\*\*\*50.00

**DOCUMENT # L05000074361**

1. Entity Name  
CALLAHAN ENERGY PARTNERS LLC



Principal Place of Business

4851 TAMiami TRAIL NORTH  
300  
NAPLES, FL 34103 US

Mailing Address

4851 TAMiami TRAIL NORTH  
300  
NAPLES, FL 34103 US

**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-3218105

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIEVENSE, KARL  
4851 TAMiami TRAIL NORTH  
300  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME LIEVENSE, KARL  
STREET ADDRESS 4851 TAMiami TRAIL NORTH SUITE 300  
CITY-ST-ZIP NAPLES, FL 34103

TITLE MGRM  
NAME MORRISON, LEO  
STREET ADDRESS 4851 TAMiami TRAIL NORTH SUITE 300  
CITY-ST-ZIP NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Leo Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-16-2007 239-403-3070