

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90053 015 ****50.00

DOCUMENT # L06000024034

1. Entity Name
GIBALTAR ENERGY, 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

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



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number

27-0139199

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

7. Name and Address of New Registered Agent

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME LIEVENSE, KARL
STREET ADDRESS 4851 TAMIAMI TRAIL NORTH #300
CITY-ST-ZIP NAPLES, FL 34103

TITLE MGRM ☐ Delete
NAME BIEVER, JAMES
STREET ADDRESS 4851 TAMIAMI TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 34103

TITLE MGRM ☐ Delete
NAME MORRISON, LEO
STREET ADDRESS 4851 TAMIAMI TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-10-2007

Date

239-403-3070

Daytime Phone #