

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030233

FILED
Jan 05, 2007
Secretary of State

Entity Name: FUELNATION GOVERNMENT SERVICES, LLC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES, FL 33146

Current Mailing Address:

4121 SW 47TH AVENUE
SUITE 1301
DAVIE, FL 33314

New Mailing Address:

999 STINSON WAY
SUITE 301
WEST PALM BEACH, FL 33411

FEI Number: 20-4602586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUELNATION INC.
4121 SW 47TH AVENUE
SUITE 1301
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

FUELNATION INC.
999 STINSON WAY
SUITE 301
WEST PALM BEACH, FL 33411 US

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: CHRIS SALMONSON

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EMILIO, ZABALETA JR
Address: 4000 PONCE DE LEON BLVD, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: JOHN, MACHO
Address: 4000 PONCE DE LEON BLVD, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: FUELNATION INC.,
Address: 4121 SW 47TH AVENUE, SUITE 1301
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EMILIO, ZABALETA JR
Address: 4675 PONCE DE LEON BLVD., SUITE 305
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR (X) Change () Addition
Name: JOHN, MACHO
Address: 4675 PONCE DE LEON BLVD., SUITE 305
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM (X) Change () Addition
Name: FUELNATION INC.,
Address: 999 STINSON WAY, SUITE 301
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHRIS SALMONSON

MGR

01/05/2007

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