

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90024 007 ***138.75

DOCUMENT # L06000058922

1. Entity Name
BROWN ENERGY, L.L.C.



Principal Place of Business
**40 AUDUSSON AVENUE
PENSACOLA, FL 32507**

Mailing Address
**40 AUDUSSON AVENUE
PENSACOLA, FL 32507**

2. Principal Place of Business - No P.O. Box #
1700 Osceola Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1700 Osceola Blvd.
Suite, Apt. #, etc.

City & State
Pensacola FL

City & State
Pensacola FL

Zip Country
32503-5729 USA

Zip Country
32503-5729 USA

03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32502**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME LEUCHTMAN, GARY B
STREET ADDRESS 501 COMMENDENCIA STREET
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MGRM ☐ Change ☒ Addition
NAME WARREN T. BROWN
STREET ADDRESS 1700 Osceola Blvd
CITY-ST-ZIP Pensacola, FL 32503

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

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

TITLE ☐ Change ☐ Addition
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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:

Warren T. Brown

WARREN T. BROWN

4/7/08

850-982-1907

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

Date

Daytime Phone #