

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90364 042 ****50.00

DOCUMENT # L06000096297

1. Entity Name
COMPREHENSIVE ENERGY PROPERTIES, LLC



Principal Place of Business
**730 ORANGE AVENUE
SUITE 120
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**730 ORANGE AVENUE
SUITE 120
ALTAMONTE SPRINGS, FL 32714 US**

40075209



2. Principal Place of Business - No P.O. Box #
777 Bennett Drive

3. Mailing Address
777 Bennett Drive

Suite, Apt. #, etc.

04102007 Chg-LLC CR2E083 (12/06)

City & State
Longwood FL

Zip
32750

Country

4. FEI Number
38-374.3315

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SASSO, MICHAEL C ESQ.
1031 W. MORSE BLVD.
SUITE 260
WINTER PARK, FL 32789**

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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORGAN, TODD S 730 ORANGE AVENUE, SUITE 120 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	777 Bennett Drive Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORGAN, RACHELLE S 730 ORANGE AVENUE, SUITE 120 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	777 Bennett Drive Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Todd Morgan **4-13-07** **407-682-1313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #