

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106380

Entity Name: EGEN LLC

FILED  
Apr 06, 2007  
Secretary of State

## Current Principal Place of Business:

451 MONUMENT ROAD  
APT 803X  
JACKSONVILLE, FL 32225 US

## Current Mailing Address:

P.O. BOX 40052  
JACKSONVILLE, FL 32203 US

## New Principal Place of Business:

445 MONUMENT ROAD  
APT 104  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

FEI Number: 06-1799402      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMEZ, CHRISTIAN A  
451 MONUMENT ROAD  
APT # 803X  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

GOMEZ, CHRISTIAN A  
445 MONUMENT ROAD  
APT # 104  
JACKSONVILLE, FL 32225 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: CHRISTIAN GOMEZ

04/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GOMEZ, CHRISTIAN A  
Address: P.O. BOX 40052  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: MGR ( ) Delete  
Name: MCNEIL, NAILAH F  
Address: P.O. BOX 40052  
City-St-Zip: JACKSONVILLE, FL 32203 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTIAN GOMEZ

MGR

04/06/2007

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