

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 14, 2008 8:00 am
Secretary of State

04-15-2008 90097 041 ***138.75

DOCUMENT # L07000114244 1. Entry Name PHOENIX RENEWABLE ENERGY, LLC					
Principal Place of Business 901 RIGGINS ROAD #514 TALLAHASSEE, FL 32308			Mailing Address 3111 MAHAN DRIVE, SUITE 20 #116 TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 26-1397211					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent RICHARD A. GLOVER, CPA, PA 1809 MICCOSUKEE COMMONS DRIVE, SUITE 108 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, LES W 901 RIGGINS ROAD #514 TALLAHASSEE, FL 32308	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG, JAMES 901 RIGGINS ROAD #514 TALLAHASSEE, FL 32308	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: <u><i>Les W. Burke</i></u> <u>13 Apr 2008</u> <u>850.528.0520</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					