

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000014305

FILED
Oct 23, 2009
Secretary of State**Entity Name:** SP ENERGY LLC**Current Principal Place of Business:**ONE CITY CENTRE
ONE NORTH FEDERAL HWY STE 500
BOCA RATON, FL 33432**New Principal Place of Business:**ONE CITY CENTRE
ONE NORTH FEDERAL HIGHWAY, SUITE 500
BOCA RATON, FL 33432**Current Mailing Address:**ONE CITY CENTRE
ONE NORTH FEDERAL HWY STE 500
BOCA RATON, FL 33432**New Mailing Address:**ONE CITY CENTRE
ONE NORTH FEDERAL HIGHWAY, SUITE 500
BOCA RATON, FL 33432**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAFFERTY, WILLIAM JR ESQ
1401 BRICKELL AVE STE 825
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**RAFFERTY, JR, WILLIAM L ESQ
1401 BRICKELL AVE STE 825
MIAMI, FL 33131 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: WILLIAM L. RAFFERTY, JR.

10/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIRKEIDE, KEVIN G
Address: ONE CITY CENTRE ONE NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARGEANT, III, HARRY MANAGER
Address: ONE CITY CENTRE ONE NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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: HARRY SARGEANT, III

MGR

10/23/2009

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