

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026375

FILED
May 22, 2009
Secretary of State

Entity Name: FIRST AMERICAN ENERGY, LLC

Current Principal Place of Business:

6331 GREENE STREET
HOLLYWOOD, FL 33402

New Principal Place of Business:

6331 GREENE STREET
HOLLYWOOD, FL 33024

Current Mailing Address:

6331 GREENE STREET
HOLLYWOOD, FL 33402

New Mailing Address:

6331 GREENE STREET
HOLLYWOOD, FL 33024

FEI Number: 38-3783496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OSCEOLA, JOE DAN
6331 GREENE STREET
HOLLYWOOD, FL 33402 US

Name and Address of New Registered Agent:

OSCEOLA, JOE DAN
6331 GREENE STREET
HOLLYWOOD, FL 33024 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: _____

05/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: OSCEOLA, JOE DAN
Address: 6331 GREEN STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR () Change (X) Addition
Name: VARNI, ANDREW S
Address: 6331 GREEN STREET
City-St-Zip: HOLLYWOOD, FL 33024

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: ANDREW S. VARNI

MRG

05/22/2009

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