


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90103 014 ****50.00

DOCUMENT # L97000000057	
1. Entity Name ECLIPSE ENERGY COMPANY, LC	

Principal Place of Business 20217 BACKNINE DR. BOCA RATON FL 33498	Mailing Address 20217 BACKNINE DR. BOCA RATON FL 33498
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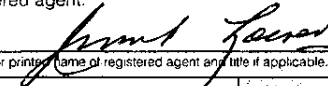
2. Principal Place of Business 20217 BACKNINE DR.	3. Mailing Address SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —

City & State BOCA RATON FL	City & State " "
Zip 33498	Country USA

4. FEI Number 58-2288062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOWEY, IRVING S 20217 BACKNINE DR BOCA RATON FL 33498

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

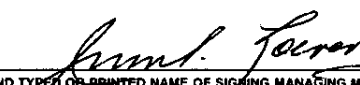
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 8-23-04

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004	
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9. MANAGING MEMBERS / MANAGERS	
TITLE P	<input type="checkbox"/> Delete
NAME LOWEY, IRVING S	
STREET ADDRESS 20217 BACKNINE DR	
CITY - ST - ZIP BOCA RATON FL 33498	
TITLE VP	<input type="checkbox"/> Delete
NAME STOLZENBERG, PHILIP	
STREET ADDRESS 20217 BACKNINE DR	
CITY - ST - ZIP BOCA RATON FL 33498	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 8-23-04	Daytime Phone # 561-483-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		