

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012071 AF

DOCUMENT # L99000004394

1. Entity Name
BE ENERGY, L.L.C.

00 MAY -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 17 WEST CEDAR STREET, SUITE 2 PENSACOLA FL 32501	Mailing Address 17 WEST CEDAR STREET, SUITE 2 PENSACOLA FL 32501-5988
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 940 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Gulf Breeze FL	City & State Gulf Breeze FL
Zip 32562	Country USA

4. FEI Number 59-3594591	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BRANNEN, DAVID A 17 WEST CEDAR STREET, SUITE 2 PENSACOLA FL 32501	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANNEN, DAVID A 17 WEST CEDAR STREET, SUITE 2 PENSACOLA FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

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

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*****50.00 *****50.00

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: David A. Brannen SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 4/24/00 Daytime Phone # 850-434-7700

CR2E083 (9/99)