

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90332 011 \*\*\*\*50.00

**DOCUMENT # M01000001087**

1. Entity Name  
**NATIONS ENERGY HOLDINGS, LLC**



Principal Place of Business  
150 SO WACKER DR  
#2950  
CHICAGO, IL 60606

Mailing Address  
150 SO WACKER DR  
#2950  
CHICAGO, IL 60606

**24040540**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**36-4336875**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME WISE, JIM P  
STREET ADDRESS 3419 BANBURY PLACE  
CITY-ST-ZIP HOUSTON, TX 77027

TITLE MGR ☐ Change ☒ Addition  
NAME STEPHEN MCKENNA  
STREET ADDRESS 1221 AVE. OF THE AMERICAS, 39TH FLR  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE MGR ☐ Delete  
NAME SHEPARD, THOMAS H  
STREET ADDRESS 150 SO WACKER DR #2950  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BICKLE, LARRY W  
STREET ADDRESS 2603 AUGUSTA DR SUITE 1130  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME JONES, J. CHRIS  
STREET ADDRESS 2603 AUGUSTA DR SUITE 1130  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME STROM, JOHN A  
STREET ADDRESS 2603 AUGUSTA DR SUITE 1130  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Delete  
NAME KINCAID, ROBERT D  
STREET ADDRESS 2603 AUGUSTA DR., SUITE 1130  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/15/04 312-327-1100**

Date

Daytime Phone #

**THOMAS H. SHEPARD, MANAGER**