

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90011 024 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM B JR	
STREET ADDRESS	150 SO WACKER DR #2950	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHEPARD, THOMAS H	
STREET ADDRESS	150 SO WACKER DR #2950	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BICKLE, LARRY W	
STREET ADDRESS	2603 AUGUSTA DR SUITE 1130	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JONES, J. CHRIS	
STREET ADDRESS	2603 AUGUSTA DR SUITE 1130	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	STROM, JOHN A	
STREET ADDRESS	2603 AUGUSTA DR SUITE 1130	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BEHRENS, CHRISTOPHER C	
STREET ADDRESS	1221 AVE OF THE AMERICAS FLR 39	
CITY-ST-ZIP	NEW YORK NY 10020	

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN MCKENNA	
STREET ADDRESS	1221 AVE. OF THE AMERICAS, 39TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10020	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM P. WISE	
STREET ADDRESS	3419 BANBURY PLACE	
CITY-ST-ZIP	HOUSTON, TX 77027	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT D. KINCAID	
STREET ADDRESS	2603 AUGUSTA DR, SUITE 1130	
CITY-ST-ZIP	HOUSTON, TX 77057	
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:

SIGNATURE REQUIRED
THOMAS H. SHEPARD, MANAGER

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

Date

Daytime Phone #

312-327-1100

CR2E083 (4/03)