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

## DOCUMENT # M0100002574

1. Entity Name

DUKE	ENE	RGY	LAKE,	LLC	,
------	-----	-----	-------	-----	---



			[		9	Diviolo	. M 9: 30	à	
Principal Place of Business Mailing Addres		Mailing Address				03 JNN	-4 AM 9: 39	•	
5400 WESTHEIMER COURT		5400 WESTHEIMER COURT HOUSTON TX 77056	5400 WESTHEIMER COURT				_	•	
2 Principal P	face of Business	3. Mailing Address							
Z. minopair	ace of bosiness	3. Walling Address	. Mailing Address			HARI ULI <b>Harini</b> tiani <b>ha</b> nis a <b>s</b> eli a	f <b>o</b> din <b>eo</b> th <b>de</b> no indopolaris d	MAIN BION IDDI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	9	City & State	City & State		4. FEI Num	ber <b>74-2973310</b>	' <del> </del> -	pplied For ot Applicable	
Zip	Country	Zip 、	Country	/	5. Certifica	te of Status Desired	S5.00 Add		
	6. Name and Address of Currer	nt Registered Agent			7. Name a	nd Address of New Re	gistered Agent		
СТ	CORPORATION SYSTEM		-	Name					
1200	SOUTH PINE ISLAND ROAD		Street Address			s (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33324				61	.600020432006			
				City	<del>- U5/U</del>	<del>4/03</del> 01011	Zip Cod	ie	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	office or regi	stered agent, or b	oth, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE	E: Registered A	gent signature req	juired when reinstating)		DATE	<del></del> _	
			-	E IS \$50.0					
		Make Check Payabl			ment of State			•	
			e By May	1, 2003					
9.	MANAGING MEME	<del></del>	10.	<del></del>		ADDITIONS/C		Addison	
TITLE NAME	DONNELL, JAMES M	⊠ Delete	TITLE NAME	P.			[X] Change	Addition	
STREET ADDRESS	5400 WESTHEIMER CT.				BERT T. L	ADD IMER COURT			
CITY-ST-ZIP			CITY-S1		USTON, TX				
TITLE	SVP	□ Delete	TITLE	sv			🔀 Change	Addition	
NAME STREET ADDRESS	SHERRILL, RICHARD M 5400 WESTHEIMER CT.		NAME	ADDOCCC	RTIS H. D				
CITY-ST-ZIP	HOUSTON TX 77056		CITY-ST	) 54	100 WESTHE DUSTON, TX	IMER COURT			
TITLE		☐ Delete	TITLE		ODION, IA		Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET City-St	ADDRESS					
TITLE	<u> </u>	☐ Delete	TITLE				Change	Addition	
NAME		□ Dolgie	NAME	İ			onungu	·	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	<del></del>		CITY-ST	T-ZIP			· · · ·		
TITLE NAME		☐ Delete	TITLE NAME	1			Change	Addition	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP		·	CITY-S1	r- ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME Street	ADORESS	,				
STILL INDURESS			SINLEI.					ł	

Me/14

SECRETARY OF STATE DIVISION OF CORPORATIONS

TITLE )	r	☑ Delete	TITLE	P	[X] Change	Addition
NAME	DONNELL, JAMES M		NAME	ROBERT T. LADD		
STREET ADDRESS	5400 WESTHEIMER CT.		STREET ADDRESS	5400 WESTHEIMER COURT		
CITY-ST-ZIP	HOUSTON TX 77056		CITY-ST-ZIP	HOUSTON, TX 77056		
TITLE	SVP	☑ Delete	TITLE	SVP		Addition
NAME	SHERRILL, RICHARD M	EZ DOIGIO	NAME	, –	Con online	
STREET ADDRESS	5400 WESTHEIMER CT.		STREET ADDRESS	CURTIS H. DAVIS		
CITY-ST-ZIP			CITY-ST-ZIP	5400 WESTHEIMER COURT		
	HOUSTON TX 77056			HOUSTON, TX 77056		
TITLE		☐ Delete	TITLE	•	Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		•	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	Addition
NAME [			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		• 👡	
TITLE	<del></del>	☐ Delete	TITLE		Change	Addition
NAME		□ pelete	NAME		C Citango	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE [		☐ Delete	TITLE		Change	Addition
NAME			NAME	,		
Street address			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
	- Mr. Mark Davids and Company of the			-11- C -11- 140 07(0)() E) -11- O( 14 17 -11-	ere a seale a	(- · · · · · · · ·

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

They 28, 200 3