

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
03 MAY -2 PM 6:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M0200000070**

1. Entity Name  
**BELLE GLADE ENERGY CENTER, L.L.C.**



Principal Place of Business 1001 LOUISIANA ST. HOUSTON, TX 77002	Mailing Address 1001 LOUISIANA ST. HOUSTON, TX 77002
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2. Principal Place of Business	3. Mailing Address <i>Affn: State Tax - Suite #E1241B</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>P.O. Box 2511</i>



CHECK HERE IF MAKING CHANGES

City & State	City & State <i>Houston, TX</i>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**

Make Check Payable to Florida Department of State

Due By May 1, 2003

00017850826  
05/02/03--01001--014 \*\*50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	EL PASO MERCHANT ENERGY NORTH AMERICA CO
STREET ADDRESS	1001 LOUISIANA ST.
CITY-ST-ZIP	HOUSTON, TX 77002
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)(l), 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:** *Lucy C. Hunt* 4/24/03 (713)420-1281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Lucy C. Hunt*  
*Asst. Secretary - Managing Member*  
*El Paso Merchant Energy North America Company*

CR2E083 (10/02)