


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90011 009 ****55.00

DOCUMENT # M0200Q001245	
1. Entity Name AES LNG MARKETING, L.L.C.	

Principal Place of Business 1001 NORTH 19TH STREET ARLINGTON, VA 22209	Mailing Address 1001 NORTH 19TH STREET ARLINGTON, VA 22209
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60064804

2. Principal Place of Business 4300 WILSON BOULEVARD	3. Mailing Address 4300 WILSON BOULEVARD
Suite, Apt. #, etc. 11th FLOOR	Suite, Apt. #, etc. 11th FLOOR

City & State ARLINGTON VIRGINIA	City & State ARLINGTON VIRGINIA
Zip 22203	Country USA

06302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 84-1622063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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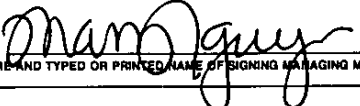
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, EDWARD C III 1001 N 19TH S STE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDWARD C. HALL, III 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERDAL, MARK 1001 N. 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK LERDAL 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANIW, MICHAEL 1001 N. 19TH STREET, SUITE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / VICE PRESIDENT MICHAEL ROMANIW 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, EDWARD C III 1001 N 19TH S STE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWARD C. HALL, III 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOAGLAND, WILARD C III 1001 N 19TH S STE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WILLARD C. HOAGLAND, III 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NGUYEN, THAM 1001 N 19TH S STE 2000 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THAM NGUYEN 4300 Wilson Boulevard Arlington, VA 22203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	THAM NGUYEN SECRETARY	6/30/2005	7035221315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #