

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90134 005 \*\*\*\*50.00

**DOCUMENT # M02000001875**



1. Entity Name  
**RELIANT ENERGY WINTER HAVEN, LLC**

Principal Place of Business  
**1111 LOUISIANA  
HOUSTON, TX 77002**

Mailing Address  
**PO BOX 1410  
HOUSTON, TX 77251**

**14026796**



2. Principal Place of Business

**1000 Main**

3. Mailing Address

**P.O. Box 1384**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192004 Chg-LLC CR2E083 (10/03)

City & State  
**Houston, Texas**

City & State  
**Houston, Texas**

4. FEI Number  
**43-1970340**

Applied For  
Not Applicable

Zip  
**77002**

Country  
**Harris**

Zip  
**77251-1384**

Country  
**Harris**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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

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 September 8, 2004**

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIVINE, J. DOUGLAS 1111 LOUISIANA HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, CURTIS A 1111 LOUISIANA HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEVINGER, REX T 1111 LOUISIANA HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REED, JOHN B 1111 LOUISIANA HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WEAVER, ANDREW P 1111 LOUISIANA HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JINES, MICHAEL L 1111 LOUISIANA HOUSTON, TX 77002	<input checked="" type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Manager Robert W. Harvey 1000 Main Houston, Texas 77002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:**

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

**Robert W. Harvey**

**07/20/2004 (713) 497-7461**

Date

Daytime Phone #