## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # M02000002018**

CALYPSO U.S. PIPELINE, LLC



**FILED** Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

1990 POST OAK BLVD STE 1900 HOUSTON, TX 77056

Mailing Address

1990 POST OAK BLVD STE 1900 HOUSTON, TX 77056



04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPAC	4. FEI Number Applied For 76-0707129 Not Applied be
	5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 200 S. PINE ISLAND RD.	DO NOT WRITE
PLANTATION, FL 33324	IN THIS SPACE

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 emplicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

00000009366<u>1</u>6 <del>05/27/00 80017-016 138.75</del>

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SUEZ LNG VENTURES NA LLC NAME STREET ADDRESS 1990 POST OAK BLVD STE 1900 CITY-ST-ZIP HOUSTON, TX 77056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP