


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # M03000000891 1. Entity Name MARTIN-MANATEE POWER PARTNERS, LLC |  |
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| Principal Place of Business 527 LOGWOOD SAN ANTONIO, TX 78224 | Mailing Address 527 LOGWOOD SAN ANTONIO, TX 78224 |
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01132004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 06-1678503 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000067183
02/26/04-80046-014 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRAUER, STEVE 527 LOGWOOD SAN ANTONIO, TX 78224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MYERS, BUDDY 527 LOGWOOD SAN ANTONIO, TX 78224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SEIBOLT, LARRY 11401 LAMAR OVERLAND PARK, KS 66211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EDWARDS, STEVE 11401 LAMAR OVERLAND PARK, KS 66211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **BOB ONDRUSEK** **2-20-04** **210-475-8077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #