



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

| | |
|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC CR2E083 (11/05)

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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 |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

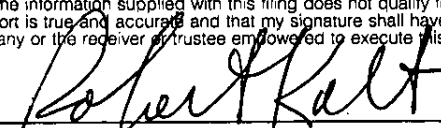
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| 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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U00000714194
04/27/07-80013-019 50.00

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:  **ROBERT KALT** **04/11/07** **(210) 475-8000**

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