2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

OL OCT 29 PM 2: 19 **DOCUMENT # M03000002738** 1. Entity Name USG&E GAS DRILLING I, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 290 NW 165TH ST 290 NW 165TH ST N. MIAMI BEACH, FL 33169 N. MIAMI BEACH, FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10212004 CR2E083 (10/03) Chq-LLC City & State Applied For City & State 4. FEI Number 77-0595028 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOTEMADL SECUNDA, DON E Street Address (P.O. Box Number is Not Acceptable) 290 NW 165TH ST PH₅ N. MIAMI BEACH, FL 33169 N-Mismi BEACH 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. U.S. Gas + Electric Inc. Punging Names (NOTE: Registered Agent signature required when reinstating) SIGNATURE Make check payable to Amended AR is \$50.00 Florida Department of State 9 E 4 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. E00042321086 10/29/04-01077--004 **50. MGRM TITLE □ Delete TITLE ☐ Addition U.S. GAS & ELECTRIC, INC. NAME NAME **50.00 290 NW 165TH ST, PH5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N. MIAMI BEACH, FL 33169 MGR TITLE TITLE ☐ Change ☐ Addition NAME SECUNDA, DON E NAME STREET ADDRESS 290 NW 165TH ST, PH5 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N. MIAMI BEACH, FL 33169 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z)P CITY-ST-ZIP 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.

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NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

U.S. Cas + Electric, Inc. Munging Marter 10/22/04

FILED