2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M03000002739 04 OCT 29 PM 2: 14 1. Entity Name USG&E GAS DRILLING II, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 290 NW 165TH ST 290 NW 165TH ST PH₅ N. MIAMI BEACH, FL 33169 N. MIAMI BEACH, FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10262004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 77-0595033 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Albert Johnston SECUNDA, DON E Street Address (P.O. Box Number is Not Acceptable) 290 NW 165TH ST PH₅ N. MIAMI BEACH, FL 33169 City N. Miani 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. Manager (NOTE: Registered Agent signature required when reinstants) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition TITLE MGRM TITLE ☐ Delete U.S. GAS & ELECTRIC, INC. NAME NAME STREET ADDRESS 290 NW 165TH ST, PH5 STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL 33169 CITY-ST-ZIP MGR TITLE TITLE ☐ Change ☐ Addition Defete NAME SECUNDA, DON E NAME STREET ADDRESS 290 NW 165TH ST, PH5 STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-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-ZIP CITY-ST-7/P 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. (Auf Freed Office)

Albert Johnston U.S. Gas + Checkric, Tree, Many Member 10/27/04

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

FILED