2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FII FD DOCUMENT # M03000002741 04 OCT 29 PM 2: 14 USG&E GAS DRILLING III, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 290 NW 165TH ST 290 NW 165TH ST PH5 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 Chq-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 38-3680900 Not Applicable Zip Country Zip Country \$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 Mian: Bead 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 + Electricy Inc. Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Change ☐ Addition TITLE TITLE ☐ Delete U.S. GAS & ELECTRIC, INC. NAME NAME 100042321111 10/29/04--01077--005 **50.00 STREET ADDRESS 290 NW 165TH ST, PH5 STREET ADDRESS N. MIAMI BEACH, FL 33169 CITY-ST-ZIP C/TY-ST-ZIP MGR TITLE TITLE ☐ Change ☐ Addition Delete NAME SECUNDA, DON E NAME STREET ADDRESS 290 NW 165TH ST, PH5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH, FL 33169 TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change 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 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. (high firemal) Officer

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE