


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # M03000004218</b> 1. Entity Name ESPRESSO UNO, LLC					
Principal Place of Business 3107 STIRLING RD, STE 107 FT LAUDERDALE, FL 33312			Mailing Address 3107 STIRLING RD, STE 107 FT LAUDERDALE, FL 33312		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, STE 3000 MIAMI, FL				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINNA, LUCA 3107 STIRLING RD, STE 107 FT LAUDERDALE, FL 33312 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center; font-size: 1.2em;"> <b>100035807341</b>  <b>05/10/04--01046--007 **50.00</b> </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARRONE, LAURA 3107 STIRLING RD, STE 107 FT LAUDERDALE, FL 33312 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLITZER, MICHAEL 3107 STIRLING RD, STE 107 FT LAUDERDALE, FL 33312 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/16/2004 (954) 925-7644 <small>Date Daytime Phone #</small>		

**FILED**  
 04 APR 20 PM 1:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0537728

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 579602 4350171  
AUTHORIZATION : *Patricia Pajot*  
COST LIMIT : \$ 141.25

ORDER DATE : April 20, 2004

ORDER TIME : 1:08 PM

ORDER NO. : 579602-015

CUSTOMER NO: 4350171

CUSTOMER: Beth Vandevyvere, Ms 3-125  
Aquila, Inc.  
20 West Ninth Street  
Dept. No. 4031  
Kansas City, MO 64105

*Self Resubmit*

ANNUAL REPORT FILING

NAME: LAKE COGEN, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: \_\_\_\_\_