2006 LIMITED LIABILITY COMPANY ANNUAL REPORT____

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000004343 **ENCORE ENERGY SOLUTIONS, LLC**

FILED Feb 15, 2006 08:00 AM Secretary of State

Principal Place of Business

14208 CLARENDON DR TAMPA, FL 33624

Malling Address

14208 CLARENDON DR TAMPA, FL 33624



01062008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 40-6844095 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Davitne Phone #

Cate

6. Name and Address of Current Registered Agent

HART, R. EDWARD 14208 CLARENDON DR TAMPA, FL 33624

SIGNATURE:

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 Signature, upped or printed name of registered agent and the fill applicable. (NOTE: Registered Agent signature required when refiniteting). DATE		
filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
HAME STREET ADDRESS CTTY-ST-ZIP	MGR HART, R. EDWARD 14208 CLARENDON DR TAMPA, FL 33624	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U0000U434557 02/25/QG-800U6-019 50.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME SIPPLET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET AUDITESS CITY-ST-ZIP		
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 illmitted liability company or the mestiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.		

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE