2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003039

1. Entity Name

ENTÉGRA POWER SERVICES LLC



FILED Feb 26, 2008 08:00 Al Secretary of State

Principal Place of Business

100 SOUTH ASHLEY DRIVE

SUITE 1400

TAMPA, FL 33602 US

Mailing Address

100 SOUTH ASHLEY DRIVE

SUITE 1400

TAMPA, FL 33602



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1993106 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

DO NOT WRITE

	ION, FL 33324	IN THIS SPACE			
8. The above the obligation	a named entity submits this statement for the purpose of chattons of registered agent.	anging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTEGRA POWER GROUP LLC 100 SOUTH ASHLEY DRIVE SUITE 1400 TAMPA, FL 33602		U00000840198 03/06/08-80037-020 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP*					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE		
TITLE		INI '	THIS SDACE		

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jerry Coffey

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

Daytima Phone #