


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 14, 2006 8:00 am
Secretary of State

05-02-2006 90041 026 ****50.00

DOCUMENT # M05000003041			
1. Entity Name GILA RIVER POWER LLC			
Principal Place of Business 702 N. FRANKLIN STREET TAMPA, FL 33602		Mailing Address 702 N. FRANKLIN STREET TAMPA, FL 33602	
2. Principal Place of Business 100 S. Ashley Drive Suite, Apt. #, etc. Suite 1400 City & State Tampa FL Zip 33602 Country USA		3. Mailing Address 100 S. Ashley Drive Suite, Apt. #, etc. Suite 1400 City & State Tampa FL Zip 33602 Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENLEGRA POWER GROUP LLC 702 N. FRANKLIN STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ENLEGRA POWER GROUP LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 S. Ashley Drive Suite 1400 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

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

Jerry Coffey

4/27/06

813.301.4998

Date

Daytime Phone #

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 606, Florida Statutes.