## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M05000003043

1. Entity Name

GILA RIVER POWER EMPLOYEE COMPANY 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 20-2150824 Applied For Not Applicable

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5. Certificate of Status Desired

\$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

## DO NOT WRITE

FLANIAI	ION, FE 33324	IN TH	IIS SPACE	
	named entity submits this statement for the purpose of changing tions of registered agent.	its registered office or registered agent, or both. in	the State of Florida. I am familiar with, and accept	
SIGNATURE.		OTE: Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		<del>"-</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTEGRA POWER SERVICES LLC 100 SOUTH ASHLEY DRIVE SUITE 1400 TAMPA, FL 33602	03	U00000840216 3/06/08-80037-023 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i.	

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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daylime Phone #