

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90041 024 \*\*\*\*50.00

**DOCUMENT # M05000003050**

1. Entity Name  
**TRANS-UNION PIPELINE LLC**



Principal Place of Business  
**702 N. FRANKLIN STREET  
TAMPA, FL 33602**

Mailing Address  
**702 N. FRANKLIN STREET  
TAMPA, FL 33602**

**30010311**



2. Principal Place of Business

**100 S. Ashley Drive  
Suite 1400**

3. Mailing Address

**100 S. Ashley Drive  
Suite 1400**

04262006 Chg-LLC CR2E083 (11/05)

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip **33602**

Country **USA**

Zip **33602**

Country **USA**

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**

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ENTEGRA POWER GROUP LLC**  
STREET ADDRESS **702 N. FRANKLIN STREET**  
CITY - ST - ZIP **TAMPA, FL 33602**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **100 S. ASHLEY DRIVE, SUITE 1400**  
STREET ADDRESS **Tampa, FL 33602**  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**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 #