

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-02-2006 90041 028 ****50.00

DOCUMENT # M05000003051 1. Entity Name ENTEGRA POWER GROUP 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 1400 Tampa FL 33602		3. Mailing Address 100 S. Ashley Drive Suite 1400 Tampa FL 33602																			
4. FEI Number 20-2878348		Applied For ☐ Not Applicable																			
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 date if applicable (NOTE: Registered Agent signature required when reappointing)																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete ☐	STREET ADDRESS			CITY - ST - ZIP			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete ☐	STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u><i>Jerry Coffey</i></u> <u><i>4/27/06</i></u> <u><i>813-301-4498</i></u> Date Daytime Phone #																			

