2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M07000003974

1. Entity Name
AMERICAN UTILITY PARTNERS, LLC



Principal Place of Business

1550 TIMOTHY RD STE 201 ATHENS, GA 30606 Mailing Address

1550 TIMOTHY RD STE 201 ATHENS, GA 30606 FILED Mar 26, 2008 08:00 AN Secretary of State



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-8779644		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Req	Additional uired

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 DO NOT WRITE IN THIS SPACE

			and the second state of the second second
8. The above the obligat	named entity submits this statement for the purpose of chailons of registered agent.	nging its registered office or registered agent, or b	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
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	(4)	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, THOMAS W 1550 TIMOTHY RD STE 201 ATHENS, GA 30606		3. U00000870658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULKEY, DAVID R 1550 TIMOTHY RD STE 201 ATHENS, GA 30606		04/09/08-80097-024 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS			

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3/21/08

706-546-1422

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #