

FILE NOW: Fee after May 1, will be \$588.75

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AND
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97 APR 21 PM 12:26

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT #M96000000260

UTILITY PARTNERS, LC
600 NORTH WEST SHORE BLVD., SUITE 1200
TAMPA FL 33609

1a. Principal Place of Business Address
600 NORTH WEST SHORE BLVD., S
TAMPA FL 33609

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

| | | | | | |
|-------------------------------|---------|---------------------|---------|--------------------------------|---|
| 2 Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07/15/1996 | NV |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 59-3387350 | | | | 5. Date of Last Report | 6. Certificate of Status Desired |
| Zip | Country | Zip | Country | | <input type="checkbox"/> \$5.75 Additional Fee Required |

7. Name and Address of Current Registered Agent

REED, TIMOTHY A
600 NORTH WEST SHORE BLVD., SUITE 12
TAMPA FL 33609

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR | REED, TIMOTHY A | 600 NORTH WEST SHORE BLVD. | TAMPA FL 33609 |
| MGR | KENNEDY, JAMES F | 600 NORTH WEST SHORE BLVD | TAMPA, FL 33609 |

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****203.75 ****203.75

A. Alan
4/24/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* *3.1. Amador* *4/17/97* *815-282 8828*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #