

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0068005

DOCUMENT # M99000000916

1. Entity Name

DUKE ENERGY ST. LUCIE, LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

5400 WESTHEIMER COURT
HOUSTON TX 77050

Mailing Address

5400 WESTHEIMER COURT
HOUSTON TX 77050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 56-2051208

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

300017857268

05/02/03--01006--014 **50.00

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM DUKE ENERGY NORTH AMERICA, LLC
5400 WESTHEIMER COURT
HOUSTON TX 77056 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR ROBERT T. LADD
5400 WESTHEIMER COURT
HOUSTON, TX 77056 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR CURTIS H. DAVIS
5400 WESTHEIMER COURT
HOUSTON, TX 77056 ☒ Change ☐ Addition

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

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

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

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

11. I 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 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:

Robert T. Ladd
MANAGER

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

4/30/03

(713) 627-5800

Date

Daytime Phone #

CR2E083 (10/02)