2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000008612

FILED
01 APR 19 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

SANDY HARK FLORIDA, L.L.C.

ARC Power Systems, LLC

Principal Place of Business	Mailing Address
3195 PONCE DE LEON BLVD.. SUITE 400 C/O POST & ROMERO CORAL GABLES FL 33134	3195 PONCE DE LEON BLVD.. SUITE 400 C/O POST & ROMERO CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

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 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMERO, CARLOS A JR. 3195 PONCE DE LEON BLVD., SUITE 400 CORAL GABLES FL 33134	Name: LAW OFFICE OF CARLOS A. ROMERO, Jr., P.A. Street Address (P.O. Box Number is Not Acceptable): 3195 Ponce de Leon Blvd. Suite 400 City: Coral Gables **FL** Zip Code: 33134

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.

SIGNATURE: Carl A. Romero Jr., President — 01-16-01

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 Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER RICHARD REISS HUYKE 5735 NE 2nd AVE. Miami, FL 33137-2597	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500004084 155 -04/27/01--01031--014 *****50.00 *****50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: SIGNATURE REQUIRED — 4/16/01 — 305 751 4673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER (MANAGER) OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #