

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001704

1. Entity Name

Power Pack, L.C.



FILED  
03 JUN 24 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2199 Ponce de Leon Boulevard

3. Mailing Address  
2199 Ponce de Leon Boulevard

Suite, Apt. #, etc.  
Suite 301

Suite, Apt. #, etc.  
Suite 301

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

4. FEI Number 04-3592672

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stewart Agent Services

Street Address (P.O. Box Number is Not Acceptable)

2199 Ponce de Leon Boulevard, Suite 301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Manager

05/27/2003

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
S Louis Stinson, Jr., 2199 Ponce de Leon Boulevard, Suite 301, Coral Gables, FL 33134

TITLE NAME  
P Erik Margard, 1747 N. E. 124th Street, North Miami, FL 33181

TITLE NAME  
VP/AS Henrik Margard, 1747 N. E. 124th Street, North Miami, FL 33181

TITLE NAME  
VP/AS Stephen C. Harrington, P. O. Box 13127 Ft. Lauderdale, FL 33316

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

800021101068  
06/24/03--01026--008 \*\*\$50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

Louis Stinson Jr

05/27/2003 305-444-8807

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

Date

Daytime Phone #

CR2E083B (12/02)