


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000091998**  
 1. Entity Name  
 P3 PORTABLE POWER PRODUCTS, L.L.C.



Principal Place of Business  
 7480 WOODMONT AVENUE  
 NAVARRE, FL 32566

Mailing Address  
 7480 WOODMONT AVENUE  
 NAVARRE, FL 32566

**DO NOT WRITE IN THIS SPACE**



04212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2060567	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 FOUNTAIN LAW FIRM, P.A.  
 2045 FOUNTAIN PROFESSIONAL CT.  
 SUITE A  
 NAVARRE, FL 32566

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLSON, CURT S 7480 WOODMONT AVENUE NAVARRE, FL 32566
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 05/13/08-80079-020 138.75

**DO NOT WRITE IN THIS SPACE**

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: *Curts Carlson* CURTS CARLSON 4-21-08 850-934-0003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #