

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2000 08:00 AM
Secretary of State

DOCUMENT # L98000002054

1. Entity Name
 NEVADA GEOTHERMAL HOLDINGS L.L.C.

Principal Place of Business 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	Mailing Address 700 UNIVERSE BLVD., D-3000 JUNO BEACH FL 33408
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address ATTN: RITA W. COSTANTINO Suite, Apt. #, etc. 700 UNIVERSE BOULEVARD
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City & State JUNO BEACH FL	4. FEI Number 65-0874429	Applied For <input type="checkbox"/> Not Applicable
Zip 33408	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON J E
 9250 WEST FLAGLER STREET
 MIAMI FL 33174 US

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.

SIGNATURE _____ DATE **02/28/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HATHAWAY SCOT C 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.