

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055655

Entity Name: FLORIDA TURBINES LLC

FILED
Sep 17, 2004
Secretary of State

Current Principal Place of Business:

8350 SW 98 ST
MIAMI, FL 33156

New Principal Place of Business:

13395 S.W. 131 ST.
MIAMI, FL 33186

Current Mailing Address:

8350 SW 98 ST
MIAMI, FL 33156

New Mailing Address:

13395 S.W. 131 ST.
MIAMI, FL 33186

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURUGAN, VENKATACHALAM
13395 SW 131 ST
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

SIVARASA, SIVANATHAN
13395 SW 131 ST
MIAMI, FL 33186 US

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: SIVANATHAN SIVARASA

09/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KUSHALAKUMARI, SINNARAJAH
Address: 8350 SW 98 ST
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: SIVARASA, SIVANATHAN
Address: 8350 SW 98 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SINNARAJAH, KUSHALAKUMARI
Address: 13395 S.W. 131 ST.
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Change () Addition
Name: SIVARASA, SIVANATHAN
Address: 13395 S.W. 131 ST.
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SINKUSHALAKUMARI NARAJAH

MGRM

09/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date