2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015559

Entity Name: EXCELPOWER, L.L.C.

FILED Feb 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

LONGWOOD LONGWOOD

416 SUMMIT RIDGE #200 417 SUMMIT RIDGE PLACE, #111 LONGWOOD, FL 32779

LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

P.O. BOX 915378

LONGWOOD, FL 327915378

FEI Number: 59-3712225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAMIESON, ROBERT S 416 SUMMÍT RIDGE PL #200 LONGWOOD, FL 32779

JAMIESON, ROBERT S 417 SUMMIT RIDGE PLACE #111 LONGWOOD, FL 32779

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: ROBERT S.JAMIESON 02/12/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

() Delete JAMIESON, ROBERT S Name: Address: 416 SUMMIT RIDGE PL #200 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Name: JAMIESON, GLORIA Address: 416 SUMMIT RIDGE PL #200 City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

(X) Change () Addition JAMIESON, ROBERT S Name: Address: 417 SUMMIT RIDGE PLACE #111

City-St-Zip: LONGWOOD, FL 32779

Title: MGR (X) Change () Addition

Name: JAMIESON, GLORIA E

Address: 417 SUMMIT RIDGE PLACE #111

City-St-Zip: LONGWOOD, FL 32779

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: ROBERT S. JAMIESON 02/12/2004