

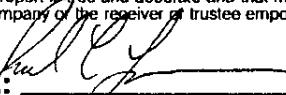


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # L01000001100		
1. Entity Name WP POWER HOLDINGS, L.C.		
Principal Place of Business 5869 SEA GRASS LANE NAPLES, FL 34116		Mailing Address 5869 SEA GRASS LANE NAPLES, FL 34116
DO NOT WRITE IN THIS SPACE		
		 03072008 No Chg-LLC CR2E083 (12/07)
4. FEI Number 59-3699308		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent STEINBERG, DALE H 5869 SEA GRASS LANE NAPLES, FL 34116		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		<p>U000000864746 04/04/08-80027-003 138.75</p> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINBERG, DALE H 5869 SEA GRASS LANE NAPLES, FL 34116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARSEN, PAUL C 5869 SEA GRASS LN NAPLES, FL 34116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Paul C. Larsen		3-7-08 239-352-9939
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>