
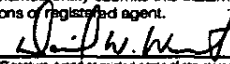
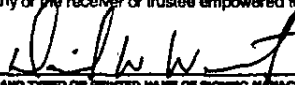


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

01-08-2004 90100 021 ****50.00

DOCUMENT # L01000014296			
1. Entity Name ALTERNATIVE POWER SOURCES, LLC			
Principal Place of Business 1514 SYDNEY ROAD PLANT CITY, FL 33567		Mailing Address 1514 SYDNEY ROAD PLANT CITY, FL 33567	
2. Principal Place of Business		3. Mailing Address P.O. BOX 550	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DURANT, FL	
Zip	Country	Zip 33530	Country USA
4. FEI Number 59-3749049		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINSON, ALFRED R 1514 SYDNEY ROAD PLANT CITY, FL 33567		7. Name and Address of New Registered Agent Name DAVID W. WEST Street Address (P.O. Box Number is Not Acceptable) P.O. Box 550 1514 SYDNEY RD City DURANT PLANT CITY FL Zip Code 33530 33507	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINSON, SR, ALFRED R <input checked="" type="checkbox"/> Delete 9003 S. PITT RD. PLANT CITY, FL 33568	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINSON, JR, ALFRED R <input checked="" type="checkbox"/> Delete 11842 SHEWSBURY LN PARRISH, FL 34219	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, DAVID W <input type="checkbox"/> Delete 1817 E. CALHOUN ST. PLANT CITY, FL 33568	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINSON, STELLA <input type="checkbox"/> Delete 9003 S. PITT RD. PLANT CITY, FL 33567	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"/> Delete	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"/> Delete	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.			
SIGNATURE: 		Date 1/6/03 Daytime Phone # 813-757-6020	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	