

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014296

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: ALTERNATIVE POWER SOURCES, LLC

**Current Principal Place of Business:**

1514 SYDNEY ROAD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

9003 SOUTH PITT RD  
PLANT CITY, FL 33567

**Current Mailing Address:**

P.O. BOX 550  
DURANT, FL 33530

**New Mailing Address:**

FEI Number: 59-3749049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEST, DAVID W  
1514 SYDNEY RD  
PLANT CITY, FL 33567 US

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

WEST, DAVID W  
P.O. BOX 550  
DURANT, FL 33530 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:

03/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WEST, DAVID W  
Address: 1817 E. CALHOUN ST.  
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM ( ) Delete  
Name: MARTINSON, STELLA  
Address: 9003 S. PITT RD.  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID WEST

MGMR

03/17/2005

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