2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # L03000018786 1. Entity Name 04-25-2005 90103 048 ****50.00 LIMPIA WIND, LLC Principal Place of Business Mailing Address 1648 TAYLOR RD., #427 PORT ORANGE FL 32128 1648 TAYLOR RD., #427 PORT ORANGE FL 32128 2. Principal Place of Business 3. Mailing Address 288 Spruce (Suite, Apt. #, etc. reek Glen Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE City & State Applied For 4. FEI Number 20-0023085 aytona Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN MEAD SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 800 NORTH MAGNOLIA AVENUE, STE. 1500 ORLANDO FL 32803 City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10. Gerald G. Mercer and Cindy K. Mercer, as & Change tenants by the entireties, Member TITLE MGRM ☐ Delete THUE ☐ Addition MERCER, GERALD G NAME 3288 Spruce Creek Glen STREET ADDRESS 1648 TAYLOR ROAD #427 STREET ADDRESS Daviona Beach, FL 32128 CLTY-ST-7IP PORT ORANGE FL 32128 CITY-ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Delo Davirno Phon

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