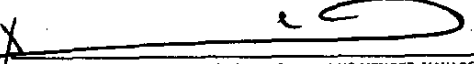


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90271 017 ****50.00

DOCUMENT # L03000030766 1. Entity Name NORTHVIEW POWER SYSTEMS LLC			
Principal Place of Business 314 S. MISSOURI AVENUE SUITE 104 CLEARWATER, FL 33756 US		Mailing Address 314 S. MISSOURI AVENUE SUITE 104 CLEARWATER, FL 33756 US	
2. Principal Place of Business 7912 River Road Suite, Apt. #, etc. #601 City & State North Belgen NJ Zip 07047 Country USA		3. Mailing Address 7912 River Road Suite, Apt. #, etc. #601 City & State North Belgen NJ Zip 07047 Country USA	
4. FEI Number 470921178		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03102004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WEISBERG, AMIR 314 S. MISSOURI AVENUE SUITE 104 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 old Dreechookee Blvd. Suite #101 City West Palm Beach FL Zip Code 33409	
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 3-15-04	
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 ODMAT LLC 314 S. MISSOURI AVENUE, SUITE 104 CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amir Weisberg 7912 River Road #601 North Belgen, NJ 07047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, RICHARD 314 S. MISSOURI AVENUE, SUITE 104 CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Cloister Circle West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EZRA, TAL 314 S. MISSOURI AVENUE, SUITE 104 CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2330 Stag Ron Blvd Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 3/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	