

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000030766 1. Entity Name NORTHVIEW POWER SYSTEMS LLC			
Principal Place of Business 5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 US		Mailing Address 5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 US	
2. Principal Place of Business - No P.O. Box # 34119 W 12 mile Rd Suite, Apt. #, etc. Suite 300 City & State Farmington MI ZIP 48331 Country USA		3. Mailing Address 34119 W 12 mile Rd Suite, Apt. #, etc. Suite 300 City & State Farmington MI ZIP 48331 Country USA	
4. FEI Number 47-0927178		04152008 Chg-LLC CR2E083 (12/06) Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HARPER, CHERYL A 2230 WOODINGHAM DR. TROY, MICHIGAN, FL 48085	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEISBERG, AMIR 5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 34119 W 12 mile Road Farmington, MI 48331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHULTZ, RICHARD 10 CLOISTER CIR WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 34119 W 12 mile Road Farmington, MI 48331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EZRA, TAL 2330 STAG RUN BLVD. CLEARWATER, FL 33756	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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/15/08 Daytime Phone #	

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