FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90039 041 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030766

1. Entity Name
NORTHVIEW POWER SYSTEMS LLC

60029877

Principal Place of Business	Mailing Address
5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 US	5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 US

04152008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
34119 W 12 mile Rd	34119 W 12 mile Rd
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Farmington MI	City & State: Farmington MI
Zip: 48331 Country: USA	Zip: 48331 Country: USA

4. FEI Number: 47-0927178 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARPER, CHERYL A 2230 WOODINGHAM DR. TROY, MICHIGAN, FL 48085	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	WEISBERG, AMIR	NAME	
STREET ADDRESS	5748 TEMPLAR CROSSING	STREET ADDRESS	34119 W 12 mile Road
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48322	CITY-ST-ZIP	Farmington, MI 48331
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SCHULTZ, RICHARD	NAME	
STREET ADDRESS	10 CLOISTER CIR	STREET ADDRESS	34119 W 12 mile Road
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	Farmington, MI 48331
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EZRA, TAL	NAME	
STREET ADDRESS	2330 STAG RUN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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: _____ 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #