

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036831

FILED
Jul 26, 2005
Secretary of State

Entity Name: NEW POWER ORGANIZATION, LLC

Current Principal Place of Business:

13901 SUTTON PARK DRIVE, SUITE 330
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13901 SUTTON PARK DRIVE, SUITE 330
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 90-0113588 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDERSON, LAURENCE
13901 SUTTON PARK DRIVE, SUITE 330
JACKSONVILLE, FL 32224 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, LAURENCE MR.
Address: 13901 SUTTON PARK DR., SUITE 330
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: CAMPION, JOHN MR.
Address: 13901 SUTTON PARK DR., SUITE 330
City-St-Zip: JACKSONVILLE, FL 32224

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: LAURENCE ANDERSON

MM

07/26/2005

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