

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036831

FILED  
May 19, 2010  
Secretary of State

**Entity Name:** NEW POWER ORGANIZATION, LLC

**Current Principal Place of Business:**

10416 ALTA DR.  
JACKSONVILLE, FL 322262302

**New Principal Place of Business:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

10416 ALTA DR.  
JACKSONVILLE, FL 322262302

**New Mailing Address:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**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:**

ANDERSON, LAURENCE  
10416 ALTA DRIVE  
JACKSONVILLE, FL 322262302 US

**Name and Address of New Registered Agent:**

ANDERSON, LAURENCE  
3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226 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

05/19/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ANDERSON, LAURENCE MR.  
Address: 3600 PORT JACKSONVILLE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGRM  
Name: CAMPION, JOHN MR.  
Address: 3600 PORT JACKSONVILLE PARKWAY.  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby 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: ROBERT UDELL \_\_\_\_\_

CFO

05/19/2010

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