

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071937

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: POTENTIAL ELECTRIC, LLC

**Current Principal Place of Business:**

4629 36TH ST.  
SUITE 200  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4629 36TH ST.  
SUITE 200  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 43-2062036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VENTURE MANAGEMENT GROUP, INC.  
394 EAST DRIVE  
MELBOURNE, FL 32904 US

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

VENTURE MANAGEMENT GROUP, INC.  
445 WEST DRIVE  
SUITE 104  
MELBOURNE, FL 32904 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:

03/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VENTURE MANAGEMENT G, ROUP, INC  
Address: 394 EAST DRIVE  
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM ( ) Delete  
Name: CHU, TIN S  
Address: 5125 AUTUMN RIDGE LANE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VENTURE MANAGEMENT G, ROUP, INC  
Address: 445 WEST DRIVE SUITE 104  
City-St-Zip: MELBOURNE, FL 32904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KIMBERLY BROWN

MGRM

03/24/2008

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