

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90043 026 ****50.00

DOCUMENT # L05000084904													
1. Entity Name CLEAN ENERGY LLC													
Principal Place of Business 529 SOUTH FLAGLER DRIVE, TH 3E WEST PALM BEACH, FL 33401			Mailing Address 529 SOUTH FLAGLER DRIVE, TH 3E WEST PALM BEACH, FL 33401										
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: right; font-family: monospace; font-size: 1.2em;">20-3398722</div>									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable									
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name <div style="font-family: cursive; font-size: 1.2em;">San K. T. Lee</div> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) <div style="font-family: cursive; font-size: 1.2em;">529 S. Flagler Dr TH3E</div> </td> </tr> <tr> <td style="padding: 2px;"> City <div style="font-family: cursive; font-size: 1.2em;">West Palm Beach</div> </td> <td style="padding: 2px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Zip Code <div style="font-family: cursive; font-size: 1.2em;">33401</div> </td> </tr> </table>			Name <div style="font-family: cursive; font-size: 1.2em;">San K. T. Lee</div>		Street Address (P.O. Box Number is Not Acceptable) <div style="font-family: cursive; font-size: 1.2em;">529 S. Flagler Dr TH3E</div>		City <div style="font-family: cursive; font-size: 1.2em;">West Palm Beach</div>	FL	Zip Code <div style="font-family: cursive; font-size: 1.2em;">33401</div>	
Name <div style="font-family: cursive; font-size: 1.2em;">San K. T. Lee</div>													
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City <div style="font-family: cursive; font-size: 1.2em;">West Palm Beach</div>	FL												
Zip Code <div style="font-family: cursive; font-size: 1.2em;">33401</div>													
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. <div style="text-align: center; font-family: cursive; font-size: 1.5em; margin-top: 10px;"> </div>													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____													
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State										
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE <div style="font-family: cursive; font-size: 1.2em;">President</div>	NAME <div style="font-family: cursive; font-size: 1.2em;">San K. T. Lee</div>		<input type="checkbox"/> Delete										
STREET ADDRESS <div style="font-family: cursive; font-size: 1.2em;">529 S. Flagler Dr TH3E</div>	CITY - ST - ZIP <div style="font-family: cursive; font-size: 1.2em;">West Palm Beach FL 33401</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE 	NAME 		<input type="checkbox"/> Delete										
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE 	NAME 		<input type="checkbox"/> Delete										
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE 	NAME 		<input type="checkbox"/> Delete										
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE 	NAME 		<input type="checkbox"/> Delete										
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> 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: <div style="display: inline-block; vertical-align: middle; text-align: center;"> <div style="font-family: cursive; font-size: 1.2em;">President</div> <div style="font-family: monospace; font-size: 1.2em;">4-9-06</div> <div style="font-family: monospace; font-size: 1.2em;">(561) 835-8191</div> </div>													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>													

ATTACHMENT

COLONIAL BANK, N.A.
PALM BEACH, FLORIDA 33480

3595

WORTHMORE, INC.

63-151/670
36

4/9/2006

30006568
#L05000084904

PAY TO THE
ORDER OF

Florida Department of State

\$ **50.00

Fifty Only

DOLLARS

Division of Corporations
P.O.Box 6478
Tallahassee, FL 32314

MEMO

Doc.#L05000084904 Clean Energy LLC

⑈003595⑈ ⑆067001518⑆ 0110043009⑈

Paid Fee on 4/9-06



ATTACHMENT

20006568
200084984

222 LAKEVIEW AVENUE
SUITE 800
WEST PALM BEACH, FLORIDA 33401-6112

TELEPHONE: (561) 838-4540
FAX: (561) 514-3440
SHERREL.GARRETT@RUDEN.COM

A.Y.I.
(If you need)

FACSIMILE COVER SHEET

DATE: September 15, 2005
FROM: Marvin S. Rosen
TITLE: Attorney
FILE NO.: 43159-0020
NUMBER OF PAGES: 6 (Including this Cover Page)

If there are any problems or complications, please notify us immediately at (561) 838-4500.

TO: San K. J. Lee
FAX NO.: 835-1854

MESSAGE:	Attached for your records is a copy of the Articles of Organization for your new company, Clean Energy, LLC, as filed in the office of the Florida Secretary of State. Also attached is a confirmation from the Internal Revenue Service indicating that this company has been assigned a Federal Tax ID Number of 20-3398722.
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THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE (IF LONG DISTANCE, PLEASE CALL COLLECT) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

WPB:214252:1

RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

CARACAS • FT. LAUDERDALE • MIAMI • NAPLES • ORLANDO • PORT ST. LUCIE • SARASOTA • ST. PETERSBURG • TALLAHASSEE • TAMPA • WEST PALM BEACH

09-15-2005 12:30pm From-Ruden M sky
Issued EIN

ATTACHMENT

561832303

T-332 P.002/006 F-983



Internal Revenue Service
DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-3398722

Today's Date is: September 01, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

ATTACHMENT

#L058000084904

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-3398722 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested <u>Clean Energy LLC</u>					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>529 South Flagler Dr TH 3E</u>			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code <u>West Palm Beach FL 33401</u>			5b City, state, and ZIP code		
6* County and state where principal business is located County <u>Palm Beach</u> State <u>FL</u>					
7a* Name of principal officer, general partner, grantor, owner, or trustee <u>San K J Lee Manager</u>			7b* SSN, ITIN, EIN <u>059-44-8534</u>		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) <u>multi member LLC</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) <u>AUG 26 2005</u>			11* Closing month of accounting year <u>DEC</u>		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0-0"</i> ▶				Agriculture <u>0</u>	Household <u>0</u>
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) <u>investment</u> <input type="checkbox"/> Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>investment in energy recycling company</u>					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form Designee's name <u>Kimberly S Fenkne Tax Paralegal</u> Address and ZIP code <u>111 N Orange Ave 1750 Orlando FL 32801</u>				Designee's telephone number (include area code) <u>(407) 244 - 8020</u> Designee's fax number (include area code) <u>(407) 244 - 8120</u>
Under penalties of perjury, declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)					Applicant's telephone number (include area code)

ATTACHMENT



300006568

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 29, 2005

UCC FILING & SEARCH

TALLAHASSEE, FL

The Articles of Organization for CLEAN ENERGY LLC were filed on August 26, 2005, and assigned document number L05000084904. Please refer to this number whenever corresponding with this office.

In accordance with section 608.406(2), F.S., the name of this limited liability company is filed with the Department of State for public notice only and is granted without regard to any other name recorded with the Division of Corporations.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number may be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Buck Kohr
Document Specialist
Registration/Foreign Qualification
Division of Corporations

Letter Number: 605A00054248

ATTACHMENT

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L05000084904

ARTICLES OF ORGANIZATION
OF
CLEAN ENERGY LLC
a Florida Limited Liability Company

FILED
05 AUG 26 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is CLEAN ENERGY LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 529 South Flagler Drive, TH 3E, West Palm Beach, Florida 33401.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, FL 33331

The undersigned has executed these Articles of Organization on the 26th day of August, 2005.

By Kimberly S. Benichel
Kimberly S. Benichel, Authorized Person

ATTACHMENT

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#L05000084904

**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.**

1. The name of the limited liability company is: **CLEAN ENERGY LLC.**
2. The name and address of the registered agent and office is:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

*Having been named as registered agent and to accept service of process for the above stated
limited liability company at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performance of my duties, and I
am familiar with and accept the obligations of my position as registered agent.*

Michael Donigan
NRAI Services, Inc., Registered Agent

Date 8-26-05

FTL402452