

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088060

FILED
Apr 17, 2006
Secretary of State

Entity Name: CALIFORNIA POWER SYSTEM, LLC

Current Principal Place of Business:

840 111TH AVENUE NORTH, SUITE 17
NAPLES, FL 341081870

New Principal Place of Business:

Current Mailing Address:

840 111TH AVENUE NORTH, SUITE 17
NAPLES, FL 341081870

New Mailing Address:

FEI Number: 20-3557360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRANO, JACK
840 111TH AVENUE NORTH, SUITE 17
NAPLES, FL 341081870 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: SERRANO, JACK
Address: 840 111TH AVENUE NORTH, SUITE 17
City-St-Zip: NAPLES, FL 341081870

Title: MGRM () Delete
Name: WU, PEI-HENG
Address: 840 111TH AVENUE NORTH, SUITE 17
City-St-Zip: NAPLES, FL 341081870

Title: MGRM () Delete
Name: WANG, CHENG-DER
Address: 840 111TH AVENUE NORTH, SUITE 17
City-St-Zip: NAPLES, FL 341081870

ADDITIONS/CHANGES:

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

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 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: JACK SERRANO

MGR

04/17/2006

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