


**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90044 033 \*\*\*\*55.00

DOCUMENT # 1. Entity Name <i>American Road Power Export, LLC</i> <i>L05000091166</i>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>6115 14th St. West</i> Suite, Apt. #, etc.	3. Mailing Address <i>6115 14th St. West</i> Suite, Apt. #, etc.
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**30003143**

CR2E083B (8/05)

City & State <i>Bradenton FL</i>	City & State <i>Bradenton FL</i>	4. FEI Number <i>20-3513680</i>	Applied For Not Applicable
Zip <i>34207</i>	Country	Zip <i>34207</i>	Country
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Manuel Rebecchi</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>7110 Ocean Palm Cr.</i>	
City <i>Sarasota</i>	FL Zip Code <i>34243</i>

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.	
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>03/04/2006</i>

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Managing Member Manuel Rebecchi 7110 Ocean Palm Cr. Sarasota, FL 34243</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Managing Member Michael J. Cesario 4565 Quail Run Ln. Sarasota, FL 34232</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <i>03/04/2006</i> Daytime Phone #