


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000122688
 1. Entity Name
CHI POWER, LLC



Principal Place of Business 34324 PARK LANE LEESBURG, FL 34788 US	Mailing Address 34324 PARK LANE LEESBURG, FL 34788 US
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3999610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOCCI, MARK J
 34324 PARK LANE
 LEESBURG, FL 34788

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000878271
 04/14/08-80047-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOCCI, MARK J 34324 PARK LANE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOCCI, FAWN D 34324 PARK LANE LEESBURG, FL 34788
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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: *Mark J. Vocci* **MARK J VOCCI** 3/31/08 352-360-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #