2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# L06000009231

Entity Name: EMERGENCY POWER, LLC

Current Principal Place of Business:

2228 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

2220 COUNTY ROAD 210 WEST
SUITE 108-411
ST. JOHNS, FL 32259

Current Mailing Address:

2220 COUNTY ROAD 210 WEST STE 108
BOX 411
JACKSONVILLE, FL 32259

New Mailing Address:

2220 COUNTY ROAD 210 WEST
SUITE 108-411
ST JOHNS, FL 32259

FEI Number: 83-0445190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALCORN, MARIA R
2228 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

ALCORN, MARIA R
2220 COUNTY ROAD 210 WEST
SUITE 108-411
ST. JOHNS, FL 32259 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: MARIA R. ALCORN 01/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALCORN, MARIA R
Address: 2228 WEST CLOVELLY LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALCORN, MARIA R
Address: 2220 COUNTY ROAD 210 WEST
City-St-Zip: ST JOHNS, FL 32259

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: MARIA R. ALCORN MGR 01/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date