

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062811

FILED
Feb 13, 2008
Secretary of State

Entity Name: ADVANCED ENERGY PRODUCTS, LLC

Current Principal Place of Business:

3700 S.W. 26TH AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

3700 S.W. 26TH AVENUE
OCALA, FL 34471 US

Current Mailing Address:

3700 S.W. 26TH AVENUE
OCALA, FL 34474 US

New Mailing Address:

3700 S.W. 26TH AVENUE
OCALA, FL 34471 US

FEI Number: 20-5079863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUL, VALERIE S
3700 S.W. 26TH AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

AUL, VALERIE S
3700 S.W. 26TH AVENUE
OCALA, FL 34471 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:

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AUL, VALERIE S
Address: 3700 S.W. 26TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: AUL, DAVID F
Address: 3700 S.W. 26TH AVENUE
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AUL, VALERIE S
Address: 3700 S.W. 26TH AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: MGRM (X) Change () Addition
Name: AUL, DAVID F
Address: 3700 S.W. 26TH AVENUE
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify 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: VALERIE S. AUL

MGRM

02/13/2008

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