

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094724

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: POWER SOURCE SYSTEMS, LLC

## Current Principal Place of Business:

1143 CROSS CREEK CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

905 E STATE ROAD 434  
SUITE 120  
LONGWOOD, FL 32750 US

## Current Mailing Address:

1143 CROSS CREEK CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

905 E STATE ROAD 434  
SUITE 120  
LONGWOOD, FL 32750 US

FEI Number: 20-5624206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPONE, ANTONIO  
1143 CROSS CREEK CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

TORRES, LUIS  
905 E STATE ROAD 434  
SUITE 120  
LONGWOOD, FL 32750 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: LUIS TORRES

04/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CAPONE, ANTONIO  
Address: 1143 CROSS CREEK CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Delete  
Name: TORRES, LUIS  
Address: 1143 CROSS CREEK CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TORRES, LUIS  
Address: 905 E STATE ROAD 434 SUITE 120  
City-St-Zip: LONGWOOD, FL 32750 US

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: LUIS TORRES

MGRM

04/19/2007

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