

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90119 030 ***138.75

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|---|--|--|--|---|--|
| DOCUMENT # L07000008924 | | | | | |
| 1. Entity Name EAST COAST POWER SYSTEMS, LLC | | | | | |
| Principal Place of Business 2906 S. 10TH STREET FORT PIERCE, FL 34982 US | | | Mailing Address 2906 S. 10TH STREET FORT PIERCE, FL 34982 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-2664928 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6.- Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MILLER, SUSAN G 2906 S. 10TH STREET FORT PIERCE, FL 34982 | | | Name <u>Paul Miller</u> Street Address (P.O. Box Number is Not Acceptable) <u>2906 S 10th Street</u> City <u>Fort Pierce</u> FL Zip Code <u>34982</u> | | |
| 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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>5-6-08</u> <small>(NOTE: Registered Agent signature required when reinstalling)</small> | | |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, PAUL E 2906 S. 10TH STREET FORT PIERCE, FL 34982 | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE <u>5-6-08</u> <u>772216-6098</u> <small>Date Daytime Phone #</small> | | |