## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Mar 26, 2008 8:00 am Secretary of State DOCUMENT # L07000038415 1. Entity Name 03-26-2008 90115 031 \*\*\*138.75 IRG SOLAR, LLC Principal Place of Business Mailing Address 1831 BLOUNT ROAD 1831 BLOUNT ROAD POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business - No P.O. Box # 3895 N.W. 53RD STREET 3. Mailing Address 3895 N.W. S3RD STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 CR2E083 (12/06) Chg-LLC City & State BOCA RATON Applied For City & State BOCA RATON 4. FEI Number 20-8759850 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTHONY F. ALTMANN ALTMANN, ANTHONY F Street Address (P.O. Box Number is Not Acceptable) 3895 N.W. 53RD STREET 1831 BLOUNT ROAD POMPANO BEACH, FL 33069 BOCA KATON 8. The above named entity submits thys 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 ager ANTHONY F. ALTMANN Signature, typed or priored name of registered agent and title il applicable Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE MGRM Change INTERNATIONAL RENEWABLES GROUP, LLC INTERNATIONAL RENEWABLES GROUP, LLC NAME NAME 3895 N.W. S3RD STREET STREET ADDRESS 1831 BLOUNT ROAD STREET ADDRESS BOCA RATON, FL33496 CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP **MGRM** TITLE Delete ☐ Change TITLE Addition SHOTWELL, ALBERT NAME NAME STREET ADDRESS 10718 SHADOW LANE STREET ADDRESS CITY-ST-ZIP FAIRFAX STATION, VA 22039 CITY-ST-ZIP MGRM ☐ Defete ■ Addition MCKNIGHT, PHILLIP NAME NAME STREET ADDRESS 6034 NW 22ND AVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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 any 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**