

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90027 023 \*\*\*138.75

**DOCUMENT # L07000056311**

1. Entity Name  
**LDK POWER HOLDINGS, LLC**



Principal Place of Business  
**1016 CLEARWATER PLAZA  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1016 CLEARWATER PLAZA  
WEST PALM BEACH, FL 33401**



2. Principal Place of Business - No P.O. Box #  
**400 S. AUSTRALIAN AVE**

3. Mailing Address  
**400 S. AUSTRALIAN AVE**

Suite, Apt. #, etc.  
**#300**

Suite, Apt. #, etc.  
**#300**

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**59-6504071**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KOEPEL, JOEL P ESQ  
1016 CLEARWATER PLAZA  
WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name **JOEL P. KOEPEL**

Street Address (P.O. Box Number is Not Acceptable)  
**400 S. AUSTRALIAN AVENUE**

**#300**

City **WEST PALM BEACH**

**FL**

Zip Code  
**33401**

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

*[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/18/08**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MGR  
JOEL P. KOEPEL  
400 S. AUSTRALIAN AVE, #300  
WEST PALM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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

*[Signature]*

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

**JOEL P. KOEPEL**

**3/18/08**

Date

Daytime Phone #

**(561) 658-6455**