

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107701

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: HENGWEI BATTERY USA LLC

**Current Principal Place of Business:**

1118 MONTEREY BLVD NE  
ST PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 76413  
ST PETERSBURG, FL 33734

**New Mailing Address:**

FEI Number: 26-0822918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OTAZO, JESSE  
1118 MONTEREY BLVD NE  
ST PETERSBURG, FL 33734 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACEWELL, KEITH  
Address: 55 LONGLEA COURT  
City-St-Zip: LITTLE ROCK, AR 72212

Title: MGR ( ) Delete  
Name: OTAZO, JESSE  
Address: PO BOX 76413  
City-St-Zip: ST PETERSBURG, FL 33734

Title: MGR ( ) Delete  
Name: ZHU, HUDSON  
Address: 66 OAKWOOD AVE  
City-St-Zip: LIVINGSTON, NJ 07039

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JESSE OTAZO

MGR

03/20/2009

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