2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113704

City-St-Zip:

ELLENTON, FL 34222 US

Entity Name: APPOLLO WIND TECHNOLOGIES LLC

FILED Apr 08, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|---|---|--|
| | GO AVENUE SOUTH TERSBURG, FL 33707 US | | |
| Current Mailing Address: | | New Mailing Address: | |
| | GO AVENUE SOUTH TERSBURG, FL 33707 US | | |
| FEI Number: | 51-0655479 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | of New Registered Agent: |
| 7001 MAN SAINT PE ⁻ The above in the State | REN A MGRM GO AVENUE SOUTH TERSBURG, FL 33707 US named entity submits this statement for the performance of Florida. | ourpose of changing its registere | ed office or registered agent, or both |
| SIGNATURE: Electronic Signature of Registered Agent | | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete CORR, KAREN A 7001 MANGO AVENUE SOUTH SAINT PETERSBURG, FL 33707 US | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | MGRM () Delete EICHENHOLTZ, SHANA 5227 BRIGHTON SHORE DRIVE APPOLLO BEACH, FL 33572 US | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | MGRM () Delete ALRIDE, HEATHER 15922 SORAWATER DR. LITHIA, FL 33547 US | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | MGRM () Delete WIDISKY, PAUL 5225 BRIGHTON SHORE DR. APPOLLO BEACH, FL 33572 US | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | MGRM () Delete RIFICI, ROBIN 4827 GARDENS RUN | Title: Name: Address: | () Change () Addition |

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.

City-St-Zip:

SIGNATURE: KAREN A. CORR MGRM 04/08/2009