2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L07000123921

Entity Name: FLORIDA GEOTHERMAL LLC

Current Principal Place of Business:

1203 FLORIDA AVENUE
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 701246
SAINT CLOUD, FL 34770

New Mailing Address:

FEI Number: 36-4622416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRISI, LORRAINE
4470 JIM BRANCH ROAD
KISSIMMEE, FL 34744 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: TORRISI, LORRAINE
Address: 1203 FLORIDA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: MARTZ, BRIAN J
Address: 1203 FLORIDA AVENUE
City-St-Zip: SAINT CLOUD, FL 23769

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: LORRAINE TORRISI MGRM 03/26/2009

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