

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000011646

FILED
Nov 16, 2009
Secretary of State**Entity Name:** SUSTAINABLE MANAGEMENT SOLUTIONS, LLC**Current Principal Place of Business:**C/O ADVANCED POWER TECHNOLOGIES, LLC
1500 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069**New Principal Place of Business:****Current Mailing Address:**C/O ADVANCED POWER TECHNOLOGIES, LLC
2101 NW 33RD STREET
POMPANO BEACH, FL 33069**New Mailing Address:****FEI Number:** 26-1896174**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CFRA, LLC
4221 WEST BOY SCOUT BOULEVARD
TAMPA, FL 336075736 US**Name and Address of New Registered Agent:**GRANDIS, DEVIN
2101 NW 33RD STREET
600
POMPANO BEACH, FL 33069 US

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: DEVIN GRANDIS

11/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: GRANDIS, DEVIN
Address: 2101 NW 33RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33069**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: RYSTER, CORP
Address: 2101 NW 33RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33069**Title:** MGR () Change (X) Addition
Name: GRANDIS, DEVIN
Address: 2101 NW 33RD STREET
City-St-Zip: POMPANO BEACH, FL 33069

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: DEVIN GRANDIS

MGR

11/16/2009

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