

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091416

Entity Name: NAVITAS LEASING LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

6389 TOWER LANE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6389 TOWER LANE
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 26-3429546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELOACH, ANTHONY
1631 JEWEL DRIVE
SARASOTA, FL 34240 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: MGR () Delete
Name: ENERGY MANAGEMENT HOLDINGS LLC
Address: 6389 TOWER LANE
City-St-Zip: SARASOTA, FL 34240

Title: MGR (X) Delete
Name: HUTCHENS, BRETT
Address: 401 N CATTLEMEN ROAD, SUITE 108
City-St-Zip: SARASOTA, FL 34232

Title: MGR (X) Delete
Name: TOMORROW'S ENERGY, LLC
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ENERGY MANAGEMENT HOLDINGS LLC
Address: 6389 TOWER LANE
City-St-Zip: SARASOTA, FL 34240

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: ANTHONY DELOACH

MGRM

03/26/2009

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