

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091432

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: NAVITAS MANAGEMENT LLC

## Current Principal Place of Business:

6389 TOWER LANE  
SARASOTA, FL 34240 US

## New Principal Place of Business:

## Current Mailing Address:

6389 TOWER LANE  
SARASOTA, FL 34240 US

## New Mailing Address:

FEI Number: 26-3613946

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 US

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

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

## 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: ANTHONY DELOACH

M

03/26/2009

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