## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106733

City-St-Zip: CLERMONT, FL 34711

Entity Name: ORLANDO POWER SOLUTIONS, LLC

FILED Apr 28, 2009 Secretary of State

| Current P                                     | Principal Place   | of Business:               | New Principal Place                         | New Principal Place of Business:       |  |
|---|---|----------------------------|---|--|--|
| 1730 E. H                                     | WY 50   |                            |   |  |  |
| SUITE 65<br>CLERMOI                           | NT, FL 34711  |                            |   |  |  |
| Current M                                     | Mailing Addres  | ss:                        | New Mailing Addres                          | New Mailing Address:                   |  |
| 1730 E HV<br>SUITE 65<br>CLERMOI              |   |                            | 962 PRINCETON DR<br>CLERMONT, FL 347        |  |  |
| FEI Number                                    | : 26-3723597  | 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:   |  |  |
| 214 E. WA<br>SUITE A<br>MINNEOL<br>The above  | NSULTING, IN<br>ASHINGTON S<br>A, FL 34715 L<br>e named entity :<br>e of Florida. | T.<br>JS                   | purpose of changing its registere           | ed office or registered agent, or both |  |
| SIGNATU                                       | RE:   |                            |   |  |  |
| Electronic Signature of Registered Ager       |   |                            | jent  | Date                                   |  |
| MANAGING MEMBERS/MANAGERS:                    |   |                            | ADDITIONS/CHANGES:                          |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ( )<br>GOODGER, JO<br>1730 E. HWY 5<br>CLERMONT, F                              | 50, SUITE 65               | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:                   | VP ( )<br>GOODGER, FL<br>1730 E. HWY 5  |                            | Title:<br>Name:<br>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: JOHN GOODGER P 04/28/2009