

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110752

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** WINDPOWER SOLUTIONS, LLC

**Current Principal Place of Business:**

4446 HENDRICKS AVENUE  
SUITE 412  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

4446 HENDRICKS AVENUE  
SUITE 412  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 27-0649795      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, CATHERINE J  
4446 HENDRICKS AVENUE  
SUITE 412  
JACKSONVILLE, FL 32207 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  
Name: WILSON, J. STEVEN  
Address: 4446 HENDRICKS AVENUE, SUITE 412  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR  
Name: GRAY, CATHERINE J  
Address: 4446 HENDRICKS AVENUE, SUITE 412  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby 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: CATHERINE J GRAY      MGR      04/29/2010

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