2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# L08000115683

Entity Name: NG-ET OPTIMIZER, LLC

Current Principal Place of Business:

440 N.E. CANOE PARK CIRCLE
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

440 N.E. CANOE PARK CIRCLE
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 26-3903590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITELOCK, CHRISTOPHER J
300 S.E. 13TH STREET
FORT LAUDERDALE, FL 33316 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: BIDDISCOMBE, SUZANNE
Address: 440 N.E. CANOE PARK CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: MGR (X) Delete
Name: PHILIP, ROWE
Address: 439 N.E. LEAPING FROG WAY
City-St-Zip: PORT ST. LUCIE, FL 34983 US

ADDITIONS/CHANGES:

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: SUZANNE M BIDDISCOMBE MGR 06/24/2009

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