

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000126743

Entity Name: APR ENERGY (US), LLC

**FILED**  
**Dec 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 1500 (LAD)  
MIAMI, FL 33131 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: P  
Name: CAMPION, JOHN J  
Address: 3600 PORT JACKSONVILLE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: VP  
Name: ANDERSON, LAURENCE  
Address: 3600 PORT JACKSONVILLE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: CFO  
Name: MARTINEZ, ANDREW  
Address: 3600 PORT JACKSONVILLE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: S  
Name: LIST, STEVEN  
Address: 3600 PORT JACKSONVILLE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: T  
Name: PAKENHAM, BARRY  
Address: 3600 PORT JACKSONVILLE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32226 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: JOHN J. CAMPION

P

12/03/2012

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