2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000001062

1. Entity Name

CITY-ST-ZIP

POWER MARKETING MANAGEMENT, LLC



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

20 TOWNE DRIVE STE 147 BLUFFTON, SC 29910 Mailing Address

20 TOWNE DRIVE STE 147 BLUFFTON, SC 29910



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
75-3116835	Not Applicable	
5 Certificate of Status Desired	\$5.00 Additional	

S Commondate of C

Fee Required

6. Name and Address of Current Registered Agent

PERENCEVICH, STEPHEN 7040 GALLEON COVE CIR. PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent,	ging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	art farm the contract fraction in the contract of the contract	
TITLE	MGRM		
NAME	ROOS, MATTHEW		
STREET ADDRESS	20 TOWNE DRIVE STE 147		
CITY-ST-ZIP	BLUFFTON, SC 29910		
TITLE			
NAME			000783636 08-80022-019 138: 75
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CITY-ST-ZIP		DO NOT	WRITE
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

*URE: MOLECULA DA ATHRAL 5 DOSS 1111 CB × 275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayung Phone 4