


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90052 037 ****50.00

DOCUMENT # M06000003326	
1. Entity Name POWER DESIGN LLC	

Principal Place of Business 8940 STERLING RIDGE RUN INDIANAPOLIS, IN 46236	Mailing Address 8940 STERLING RIDGE RUN INDIANAPOLIS, IN 46236
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2. Principal Place of Business - No P.O. Box # 10640 Deme Dr.	3. Mailing Address 10640 Deme Dr.
Suite, Apt. #, etc. Suite M	Suite, Apt. #, etc. Suite M
City & State Indianapolis, IN	City & State Indianapolis, IN
Zip 46236	Country MARION



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 34-2053185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


8. 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. I am familiar with, and accept the obligations of registered agent. **N/A No change to Registered Agent**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISE, STEVE 8940 STERLING RIDGE RUN INDIANAPOLIS, IN 46236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INSKEEP, BRIAN 8940 STERLING RIDGE RUN INDIANAPOLIS, IN 46236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **STACI A INSKEEP** 1/26/07 317-723 3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #