2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2011
Secretary of State

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Entity Name: PALM POWER LLC

Current Principal Place of Business:

9405 ARROWPOINT BLVD.
CHARLOTTE, NC 28273

New Principal Place of Business:

C/O POWER PLANT MANAGEMENT SERVICES, LLC
10710 SIKES PLACE, SUITE 300
CHARLOTTE, NC 28277 US

Current Mailing Address:

9405 ARROWPOINT BLVD.
CHARLOTTE, NC 28273

New Mailing Address:

C/O POWER PLANT MANAGEMENT SERVICES, LLC
10710 SIKES PLACE, SUITE 300
CHARLOTTE, NC 28277 US

FEI Number: 94-3115336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DVP
Name: PIKE, ANDREW
Address: THREE CHARLES RIVER PL 63 KENDRICK ST
City-St-Zip: NEEDHAM, MA 02494 US

Title: DVP
Name: MACGILLIVRAY, WARREN
Address: THREE CHARLES RIVER PL 63 KENDRICK ST
City-St-Zip: NEEDHAM, MA 02494 US

Title: D
Name: EVANS, CLIFFORD D JR
Address: 9405 ARROWPOINT BLVD
City-St-Zip: CHARLOTTE, NC 282738110 US

Title: VP
Name: LEMKE, CARL
Address: THREE CHARLES RIVER PL 63 KENDRICK ST
City-St-Zip: NEEDHAM, MA 02494 US

Title: AS
Name: CARR, CAROL
Address: THREE CHARLES RIVER PL 63 KENDRICK ST
City-St-Zip: NEEDHAM, MA 02494 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 Statues.

SIGNATURE: CAROL CARR AS 04/08/2011

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