

*** AMENDED ***
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

APPROVED
 AND
 FILED

02 MAY 28 PM 2:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # - M99000001942

1. Entity Name

Lake Worth Generation, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

117 College Street

Suite, Apt. #, etc.

3. Mailing Address

PO Box 531

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

04-3457999

Applied For

Not Applicable

Zip

33460

Country

Palm Beach

Zip

33460

Country

Palm Beach

5. Certificate of Status Desired

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\$5.00 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

SIGNATURE

Jacqueline N. Casper

Jacqueline N. Casper, Asst. Secy 5/20/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
 CHATLOSH, BRIAN
 70 WALNUT STREET
 Wellesley, MA 02481

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000005677950--
 -06/04/02--01075--006
 *****55.00 *****55.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
 FISHMAN, LARRY
 70 WALNUT STREET
 Wellesley, MA 02481

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
 HALL, NED
 2 ALHAMBRA PLAZA
 Coral Gables, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

TITLE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Larry Fishman

LARRY FISHMAN, MANAGER

5/20/2002

781-239-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)