2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
CC2310821181

DOCUMENT# L12000031929

Entity Name: ALTERNATIVE POWER SYSTEMS USA, LLC

Current Principal Place of Business:

890 S. PALAFOX STREET
SUITE 109
PENSACOLA, FL 32502

Current Mailing Address:

890 S. PALAFOX STREET
SUITE 109
PENSACOLA, FL 32502 US

FEI Number: 45-4918166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVITAN , JOHN D SR.
890 S. PALAFOX STREET
SUITE 109
PENSACOLA, FL 32502 US

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: JOHN D LEVITAN SR 04/30/2014

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGING MEMBER
Name	DILLARD, JAMES W
Address	20 OLD MILLER PLACE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	MANAGING MEMBER
Name	COVER, ALEXANDER L III
Address	890 S. PALAFOX STREET SUITE 109
City-State-Zip:	PENSACOLA FL 32502

Title	MEMBER
Name	HERM, VICTOR W III
Address	770 VAN PELT LANE UNIT A
City-State-Zip:	PENSACOLA FL 32505

Title	MEMBER
Name	3RG HOLDINGS, LP
Address	3798 SHADY HILLS DRIVE
City-State-Zip:	DALLAS TX 75229

Title	MANAGING MEMBER
Name	LEVITAN, JOHN D SR
Address	890 S. PALAFOX STREET SUITE 109
City-State-Zip:	PENSACOLA FL 32502

Title	MEMBER
Name	ATLAS INVESTMENTS AND MARKETING, INC
Address	1604 EAST JACKSON STREET
City-State-Zip:	PENSACOLA FL 32501

Title	MEMBER
Name	BAYOU SUN, LLC
Address	218 EAST GOVERNMENT ST
City-State-Zip:	PENSACOLA FL 32502

Title	MEMBER
Name	TULIP GROUP
Address	4535 WEST SAHARA AVE SUITE 200
City-State-Zip:	LAS VEGAS NV 89102

Continues on page 2

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D LEVITAN SR MANAGER 04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title MEMBER
Name TEN 20 MEDICAL
Address 890 S. PALAFOX STREET
SUITE 109
City-State-Zip: PENSACOLA FL 32502

Title MEMBER
Name RIGGINS, JAMES T
Address 890 S. PALAFOX STREET
SUITE 109
City-State-Zip: PENSACOLA FL 32502

Title MEMBER
Name BIG DOG CHARTERS, LLC
Address 890 S. PALAFOX STREET
SUITE 109
City-State-Zip: PENSACOLA FL 32502