



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 158978		2. Exact name of the limited liability company Liberty Power Holdings LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Energy Service Provider			
5. Principal office address 800 West Cypress Creek Road, Suite 330		City Fort Lauderdale	State Florida	Zip Florida	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alberto Daire		Contact Title COO			
Street Address 800 West Cypress Creek Road, Suite 330		City Fort Lauderdale	State Florida	Zip Florida	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name David Hernandez		Manager Name Alberto Daire			
Street Address 800 West Cypress Creek Road, Suite 330		Street Address 800 West Cypress Creek Road, Suite 330			
City Fort Lauderdale	State Florida	Zip 33309	City Fort Lauderdale	State Florida	Zip 33309
Manager Name Eliezer Hernandez		Manager Name			
Street Address 800 West Cypress Creek Road, Suite 330		Street Address			
City Fort Lauderdale	State Florida	Zip 33309	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Corporate Creations Network Inc.		Address			
Address 7 Eva Lane		City Cranston		Zip 02921	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

158978

<b>FILED</b>	
File Date	NOV 01 2007
Check No.	
By:	By 4028
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

*Valerie Hawk* 10/30/07  
Signature of Authorized Person Date

Valerie Hawk, Asst. Manager  
Print or Type Name of Authorized Person