


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90281 030 \*\*\*\*50.00

<b>DOCUMENT # M97000000845</b> 1. Entity Name <b>ENERGY DISPATCH, LLC</b>					
Principal Place of Business <b>3225 CUMBERLAND BLVD SUITE 100 ATLANTA, GA 30339</b>			Mailing Address <b>3225 CUMBERLAND BLVD SUITE 100 ATLANTA, GA 30339</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>58-2355217</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <span style="float: right;"><b>FL</b></span> 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOLCH, SUSAN</b>		NAME		
STREET ADDRESS	<b>3225 CUMBERLAND BLVD SUITE 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOLCH MORAN, ALLISON</b>		NAME		
STREET ADDRESS	<b>3225 CUMBERLAND BLVD SUITE 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LENKER, MAX</b>		NAME		
STREET ADDRESS	<b>3225 CUMBERLAND BLVD SUITE 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUMBACHER, ROBERT J</b>		NAME		
STREET ADDRESS	<b>3225 CUMBERLAND BLVD SUITE 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GURA, PHILIP P</b>		NAME		
STREET ADDRESS	<b>3225 CUMBERLAND BLVD SUITE 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Robert J. Dumbacher</u>			<u>RJ Dumbacher</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> <u>3/1/07</u> <small>Daytime Phone #</small> <u>770-431-7600</u>		