

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025478

FILED
Mar 03, 2005
Secretary of State

Entity Name: POWER ENGINEERING CONSULTANTS L.L.C.

Current Principal Place of Business:

338 MINORCA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

131 MADEIRA AVENUE
SUITE 2000
CORAL GABLES, FL 33134

Current Mailing Address:

338 MINORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

131 MADEIRA AVENUE
SUITE 2000
CORAL GABLES, FL 33134

FEI Number: 54-2078105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABLES REGISTERED AGENTS CORPORATION
338 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GABLES REGISTERED AGENTS CORPORATION
131 MADEIRA AVENUE
2000
CORAL GABLES, FL 33134 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:

03/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FERNANDEZ, JAIRO
Address: CRA. 7, #145-38, TORRE 3 (202)
City-St-Zip: BOGOTA, COLOMBIA,

Title: MGR () Delete
Name: RAMIREZ, MARIA CRISTINA
Address: CRA 7 #145-38, TORRE 3 (202)
City-St-Zip: BOGOTA, COLUMBIA,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: JAIRO FERNANDEZ

MGR

03/03/2005

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