2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L05000104880

Entity Name: ECHELON HOLDINGS LLC

Current Principal Place of Business:

235 3RD STREET SOUTH, SUITE 300
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

235 3RD STREET SOUTH, SUITE 300
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 65-1262056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ENGLE, GARY D
Address: 200 NYALA FARM ROAD
City-St-Zip: WESTPORT, CT 06880

Title: MGR ( ) Delete
Name: JOHNSON, SUSAN G
Address: 235 3RD STREET SOUTH, SUITE 300
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR ( ) Delete
Name: LECLAIR, DARRYL A
Address: 235 3RD STREET SOUTH, SUITE 300
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: S. G. JOHNSON MGR 04/15/2009

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