



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90013 035 ****50.00

DOCUMENT # M01000000105 1. Entity Name ATCO NOISE MANAGEMENT LLC					
Principal Place of Business 1243 MCKNIGHT BLVD. N.E. CALGARY ALBERTA CANADA T2E 5T1,			Mailing Address 1400, 909-11 AVENUE SW CALGARY, ALBERTA T2R 1N6, CA		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03102005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 98-0180102	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRITTON, WILLIAM L 1600, 909 - 11 AVENUE SW CALGARY, ALBERTA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMPBELL, JAMES A 1600, 909 - 11 AVENUE SW CALGARY, ALBERTA,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, Karen M. 1600, 909 - 11 Avenue SW CALGARY, ALBERTA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRENCH, BASIL K 1600, 909 - 11 AVENUE SW CALGARY, ALBERTA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOUTHERN, NANCY C 1600, 909 - 11 AVENUE SW CALGARY, ALBERTA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOUTHERN, RONALD D 1600, 909 - 11 AVENUE SW CALGARY, ALBERTA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KMET, WALTER A 5115 CROWCHILD TRAIL SW CALGARY, ALBERTA,	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAW, Michael M. 1600, 909 - 11 Avenue SW CALGARY, ALBERTA
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ P. Spruin, Secretary 16 Mar 2005 (403) 292-7439 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					