



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90048 044 ****50.00

DOCUMENT # M04000000957					
1. Entity Name ECHELON ENGINEERING, LLC					
Principal Place of Business 1000 ABERNATHY RD NE, STE 615 ATLANTA, GA 30328			Mailing Address 1000 ABERNATHY RD NE, STE 615 ATLANTA, GA 30328		
2. Principal Place of Business 1000 Abernathy Rd., NE Suite, Apt. #, etc. Suite 310 City & State Atlanta GA Zip 30328 Country USA		3. Mailing Address 1000 Abernathy Rd., NE Suite, Apt. #, etc. Suite 310 City & State Atlanta GA Zip 30328 Country USA			
02012005 Chg-LLC CR2E083 (10/03)		4. FEI Number 31-1832506		Applied For <input type="checkbox"/> Not Applicable	
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	MGRM MILLER, KEVIN D 1000 ABERNATHY RD NE, STE 615 ATLANTA, GA 30328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Abernathy Rd., NE, Ste 310 Atlanta, GA 30328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLAUSEN, KRAIG I 1000 ABERNATHY RD NE, STE 615 ATLANTA, GA 30328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Abernathy Rd., NE, Ste 310 Atlanta, GA 30328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James Bradley Ellinwood 1000 Abernathy Rd, NE Suite 310 Atlanta, GA 30328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Kevin P. Miller</i>			Date: 2-11-05 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					