

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91811 012 ****50.00

0059698

DOCUMENT # M01000000182

1. Entity Name

700 CARILLON INVESTORS, LLC



Principal Place of Business

450 CARILLON PKWY., STE. 200
ST PETERSBURG FL 33716

Mailing Address

450 CARILLON PKWY., STE. 200
ST PETERSBURG FL 33716

2. Principal Place of Business

235 - 320 Street South

3. Mailing Address

235 - 320 Street South

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33101

Country

USA

Zip

33101

Country

USA

4. FEI Number

52-2290808

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
 NAME: ECHELON DEVELOPMENT LLC Delete
 STREET ADDRESS: 450 CARILLON PARKWAY STE 200
 CITY-ST-ZIP: SAINT PETERSBURG FL 33116

TITLE: MGRM
 NAME: Carillon Land Development, LLC Change Addition
 STREET ADDRESS: 235 - 320 Street South, Suite 200
 CITY-ST-ZIP: St. Petersburg, FL 33101

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Signature **4/28/03** 721-803-822

CR2E083 (10/02)