

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095830

**Entity Name:** ECHO PROPERTIES IX, LLC

**Current Principal Place of Business:**

7980 SUMMERLIN LAKES DR.  
FT. MYERS, FL 33907

**FILED**  
**Jun 08, 2020**  
**Secretary of State**  
**0257566221CC**

**Current Mailing Address:**

7980 SUMMERLIN LAKES DR.  
FT. MYERS, FL 33907 FL

**FEI Number: 27-1066402**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
STE 400  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BUSEY BANK  
Address 100 W UNIVERSITY AVE.  
City-State-Zip: CHAMPAIGN IL 61820

Title MGR, EVP-COMMERCIAL CREDIT LENDING  
Name JOHNSON, LARRY  
Address 7980 SUMMERLIN LAKES DR.  
City-State-Zip: FT. MYERS FL 33907

Title MGR, EVP-CHIEF BANKING OFFICER  
Name PLECKI, ROBERT F JR.  
Address 100 W. UNIVERSITY AVE  
City-State-Zip: CHAMPAIGN IL 61820

Title MGR, VP-OREO/SPECIAL ASSETS MANAGER  
Name BARNEY, KATHLEEN F.  
Address 7980 SUMMERLIN LAKES DR.  
City-State-Zip: FT. MYERS FL 33907

Title MGR, SVP-SPECIAL ASSETS MANAGER  
Name HENDERSON, STEVE E  
Address 100 W. UNIVERSITY AVE.  
City-State-Zip: CHAMPAIGN IL 61820

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN E HENDERSON**

**SVP, SPECIAL ASSETS  
MANAGER**

**06/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date