

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21340**

1. Entity Name

**ECHO REALTY, LTD.**

FILED

02 MAR -6 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJM**



Principal Place of Business

1235 CORAL WAY  
CORAL GABLES FL 33134

Mailing Address

8 WINDFLOWER PLACE  
DURHAM NC 27705-1957

2. Principal Place of Business

**1216 S.W. 8TH STREET**

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**MIAMI, FL**

City & State

4. FEI Number

**59-2609604**

Applied For

Not Applicable

Zip

**33135**

Country

**USA**

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCDANIEL, JOHN RANDOLPH, JR.**

**1216 S.W. 8TH STREET**

**MIAMI FL 33135**

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.

SIGNATURE

*John Randolph McDaniel, Jr.*

DATE

9. Capital Contributions  
as Shown on record.

**\$55,156.50**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MCDANIEL, ATHENA M.  
8 WINDFLOWER PLACE  
DURHAM NC 27705-1957**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MCDANIEL, JOHN RANDOLPH  
8 WINDFLOWER PLACE  
DURHAM NC 27705-1957**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MCDANIEL, CAROLINE M.  
8 WINDFLOWER PLACE  
DURHAM NC 27705-1957**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MCDANIEL, GREGORY S.  
8 WINDFLOWER PLACE  
DURHAM NC 27705-1957**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *John Randolph McDaniel, Jr.*  
**JOHN RANDOLPH MCDANIEL, JR.**

**15 FEB. 2002 305 442-8324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0019068 AB

STAPLE CHECK HERE