2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042903

1. Entity Name
ONE VICTOR ECHO, LLC

Principal Place of Business	Mailing Address
4120 HIGHLAND PARK CIR.	4120 HIGHLAND PARK CIR.
LUTZ, FL 33558	LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE

20060810

06142005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
41-5114774	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, CHARLES R
4120 HIGHLAND PARK CIR.
LUTZ, FL 33558

**DO NOT WRITE
IN THIS SPACE**

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 _____ CHARLES R. RICHARDSON

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

6-27-05

DATE

**Filing Fee is $50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RICHARDSON, CHARLES R
STREET ADDRESS	4120 HIGHLAND PARK CIR
CITY-ST-ZIP	LUTZ, FL 33558

TITLE	
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**DO NOT WRITE
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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: _____ CHARLES R. RICHARDSON

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

6-27-05   813-829-6001

Date   Daytime Phone #