## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 17, 2008 08:00 Al Secretary of State DOCUMENT # L03000042903 ONE VICTOR ECHO, LLC Principal Place of Business Mailing Address 4120 HIGHLAND PARK CIR. 4120 HIGHLAND PARK CIR. LUTZ, FL 33558 LUTZ, FL 33558 04042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-5114774 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDSON, CHARLES R DO NOT WRITE 4120 HIGHLAND PARK CIR. LUTZ, FL 33558 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) suggesting required when rejustation DATE U00000904849 05/01/08-80029-014 143.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME RICHARDSON, CHARLES R STREET ADDRESS 4120 HIGHLAND PARK CIR CITY-ST-ZIP LUTZ, FL 33558 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET AODRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP

4-12-08

813-829-6001

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Daytime Phone #