

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000428

1. Entity Name  
ECHELON RESIDENTIAL LLC



Principal Place of Business  
235 3RD STREET SOUTH, SUITE 200  
ST. PETERSBURG, FL 33701

Mailing Address  
235 3RD STREET SOUTH, SUITE 200  
ST. PETERSBURG, FL 33701

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 23 AM 10:11



03122004No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
52-2219199

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	EQUIS/ ECHELON MANAGEMENT CORP.
STREET ADDRESS	1050 WALTHAM ST SUITE 310
CITY-ST-ZIP	LEXINGTON, MA 02421

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

900033773809

**DO NOT WRITE  
IN THIS SPACE**

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, or authorized representative

Date

Daytime Phone #

Mark Stroud

4/21/04

111-803-8212



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 587209 7287317

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 50.00

ORDER DATE : April 23, 2004

ORDER TIME : 11:48 AM

ORDER NO. : 587209-075

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp  
Airem Capital Group  
Suite 200  
235 3rd Street South  
Saint Petersburg, FL 33701

ANNUAL REPORT FILING

NAME: ECHELON RESIDENTIAL LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER - Ext.

EXAMINER'S INITIALS: \_\_\_\_\_

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04 APR 23 PM 1:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA