

**2004.LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 23 AM 10:11

DOCUMENT # M00000001284

1. Entity Name
ECHELON RESOURCES, 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



03122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2252648

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**

300033774229

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
EQUIS CORPORATION
1050 WALTHAM ST SUITE 310
LEXINGTON, MA 02421

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #

Darryl A. LeClair 4/21/04 11-803-8234



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 587209 7287317

AUTHORIZATION *Patricia Pizeto*

COST LIMIT : \$ 50.00

ORDER DATE : April 23, 2004

ORDER TIME : 12:10 PM

ORDER NO. : 587209-150

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 RESOURCES, LLC

RECEIVED
04 APR 23 PM 1:46
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: _____