


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 23 AM 10:10

DOCUMENT # M00000002405 1. Entity Name ECHELON AT UPTOWN, LLC	
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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
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	52-2277830	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country



03122004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

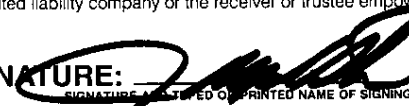
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input checked="" type="checkbox"/> Delete
NAME	ECHELON RESIDENTIAL LLC
STREET ADDRESS	235 3RD STREET SOUTH, SUITE 200
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM <i>ECHELON COMMUNITIES LLC</i>
STREET ADDRESS	<i>235 - 3RD STREET SOUTH, SUITE 200</i>
CITY-ST-ZIP	<i>ST. PETERSBURG, FL 33701</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  J. Mark Stroud 4/21/04 721-803-8212

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 587209 7287317

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 50.00

ORDER DATE : April 23, 2004

ORDER TIME : 11:57 AM

ORDER NO. : 587209-120

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 AT UPTOWN, 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: _____

- RECEIVED
04 APR 23 PM 1:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA