

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0059744

DOCUMENT # M00000002405

1. Entity Name
ECHELON AT UPTOWN, LLC



FILED

03 MAY -2 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
450 CARILLON PARKWAY, SUITE 200
ST. PETERSBURG FL 33716

Mailing Address
450 CARILLON PARKWAY, SUITE 200
ST. PETERSBURG FL 33716

2. Principal Place of Business
235-320 Street South
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
235-320 Street South
Suite, Apt. #, etc.
Suite 200

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33701

Country
USA

4. FEI Number **52-2277830** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~ST CORPORATION SYSTEM~~
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
Error
See Attached Filing

7. Name and Address of New Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Days Street
City
Tallahassee FL Zip Code
32301

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]* (NOTE: Registered Agent signature required when reinstating)

DATE *5/27/03*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

corrected computer
5/27/03
all

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHELON RESIDENTIAL LLC 450 CARILLON PARKWAY, SUITE 200 ST. PETERSBURG FL 33716 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ughl</i> <i>Ecclon Residential LLC</i> <i>235-320 Street South, Suite 200</i> <i>St. Petersburg, FL 33701</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600017866926 05/02/03--01022--017 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ASK</i>

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
DATE: *5/27/03* DAYTIME PHONE #: *121-803-8112*

CR2E083 (10/02)