

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002771

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: ECHELON DEVELOPMENT HOLDINGS LLC

## Current Principal Place of Business:

235 3RD ST. SOUTH  
SUITE 300  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

235 3RD ST. SOUTH  
SUITE 300  
ST. PETERSBURG, FL 33701

## New Mailing Address:

FEI Number: 06-1584341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ENGLE, GARY D  
Address: 200 NYALA FARM ROAD  
City-St-Zip: WESTPORT, CT 06880

Title: MGR ( ) Delete  
Name: COYNE, JAMES A  
Address: 200 NYALA FARM ROAD  
City-St-Zip: WESTPORT, CT 06880

Title: MGR ( ) Delete  
Name: MACDONALD, GEOFFREY A  
Address: 200 NYALA FARM ROAD  
City-St-Zip: WESTPORT, CT 06880

Title: MGR ( ) Delete  
Name: COBB, CHARLES E JR.  
Address: 255 ARAGON AVENUE, SUITE 333  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: LECLAIR, DARRYL A  
Address: 235-3RD STREET, SOUTH, SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33701

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D.A. LECLAIR

MGR

02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date