

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003337

Entity Name: ECHO PARTNERS, LLC

FILED  
Mar 31, 2011  
Secretary of State

## Current Principal Place of Business:

4425 PONCE DE LEON BLVD., 4TH FLOOR  
CORAL GABLES, FL 33146

## New Principal Place of Business:

4425 PONCE DE LEON BLVD.  
4TH FLOOR  
CORAL GABLES, FL 33146

## Current Mailing Address:

4425 PONCE DE LEON BLVD., 4TH FLOOR  
CORAL GABLES, FL 33146

## New Mailing Address:

4425 PONCE DE LEON BLVD.  
4TH FLOOR  
CORAL GABLES, FL 33146

FEI Number: 26-0269186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDMAN, JOEL  
4425 PONCE DE LEON BLVD., 4TH FLOOR  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

GOLDMAN, JOEL  
4425 PONCE DE LEON BLVD.  
4TH FLOOR  
CORAL GABLES, FL 33146 US

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:

03/31/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: QUINT, DAVID  
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR  
Name: ERTEL, DAVID  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GALBES, FL 33146

Title: PRES  
Name: OPPENHEIM, ROBERT  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP  
Name: SPILLIS, GEORGE  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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: DAVID QUINT

MGR

03/31/2011

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