

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017319 AB

DOCUMENT # **M95000000291**

1. Entity Name
ECHL PROPERTIES, L.L.C.

00 MAY 16 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 125 VILLAGE BLVD., SUITE 210 PRINCETON NJ 08540
Mailing Address: 125 VILLAGE BLVD., SUITE 210 PRINCETON NJ 08540-5753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **103 MAIN STREET**
Suite, Apt. #, etc.: **SUITE 300**
3. Mailing Address: **103 MAIN STREET**
Suite, Apt. #, etc.: **SUITE 300**

City & State: **PRINCETON NJ**

4. FEI Number: **56-1937567**
Applied For: Not Applicable

Zip: **08540** Country: **USA**

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

6. Name and Address of Current Registered Agent
HOYT, NEIL
201 EAST GREGORY STREET, REAR
PENSACOLA FL 32501

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.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE: MGR NAME: GREENWALD, HERB STREET ADDRESS: 2507 51ST AVE. CITY-ST-ZIP: HYATSSVILLE MD 20781	<input type="checkbox"/> Delete
TITLE: MGR NAME: FELIX, CHARLES STREET ADDRESS: 201 E. GREGORY ST., REAR CITY-ST-ZIP: PENSACOLA FL 35201	<input type="checkbox"/> Delete
TITLE: MGR NAME: GAGNON, JOHN STREET ADDRESS: 2350 BEACH BLVD. CITY-ST-ZIP: BILOXI MS 39531	<input type="checkbox"/> Delete
TITLE: MGR NAME: NAGIN, RAY STREET ADDRESS: 2120 CANAL ST. CITY-ST-ZIP: NEW ORLEANS LA 70112	<input type="checkbox"/> Delete
TITLE: MGR NAME: CAGGIANO, MICHAEL STREET ADDRESS: 14450 OLD MILL RD., STE 201 CITY-ST-ZIP: UPPER MARLBORO MD 20772	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: RICHARD W. ADAMS STREET ADDRESS: 103 MAIN STREET, SUITE 300 CITY-ST-ZIP: PRINCETON, NJ 08540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Richard W. Adams* **REQUIRED** Date: **4/28/00** Daytime Phone # _____

(696) (980) 3 2 0