## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED SECRETARY OF STATE OF STATE **DOCUMENT # M99000000975** CHENEY PLACE, LLC 04 APR 23 AM IO: 11 Principal Place of Business Mailing Address 235 3RD STREET SOUTH 235 3RD STREET SOUTH SUITE 200 SUITE 200 ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FÉI Number 52-2178331 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. ☐ Addition lall (X) Change Delete **MGRM** TITLE TITLE Clevey Invector LLC 235-340 Street South, Suite 200 NAME **ECHELON RESIDENTIAL LLC** NAME STREET ADDRESS 235 3RD STREET SOUTH SUITE 200 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33701 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 500033773765 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impossible to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: RIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition



ACCOUNT NO. : 072100000032

REFERENCE : 587209

72873**17** 

AUTHORIZATION

COST LIMIT : \$ 50.00

ORDER DATE: April 23, 2004

ORDER TIME : 11:46 AM

ORDER NO. : 587209-065

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp

Airem Capital Group

Suite 200

235 3rd Street South

Saint Petersbur, FL 33701

## ANNUAL REPORT FILING

NAME: CHENEY PLACE, LLC

XX ANNUAL REPORT							
PLEASE I	RETURN '	THE	FOLLOWING	AS	PROOF	OF	FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING							
CONTACT	PERSON	: I	EBBIE SKI	PPEI	R - Ext	Ξ.	
	EXAMINER'S INITIALS:						