

FILED
Apr 28, 2008 8:00 am
Secretary of State

Abstract

DOCUMENT # P04000108079

1. Entity Name
ECHELON MANAGEMENT COMPANY

Secretary of State
04-28-2008 90367 037 ***150.00

Principal Place of Business
800 W CYPRESS CREEK ROAD
465
FORT LAUDERDALE, FL 33309 US

Mailing Address
800 W CYPRESS CREEK ROAD
465
FORT LAUDERDALE, FL 33309 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
34-2007044

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGEL, LARRY
800 W CYPRESS CREEK ROAD
470
FORT LAUDERDALE, FL 33309

Name
LEGEL, LARRY

Street Address (P.O. Box Number is Not Acceptable)

800 W. CYPRESS CREEK ROAD, #465

City
FORT LAUDERDALE

FL Zip Code
33309

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 *Larry Legel* 4.24.8 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
REYNAERT, DOUGLAS J
4815 HIDDEN HARBOUR BLVD
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTSP
REYNAERT, DOUGLAS J.
4815 HIDDEN HARBOUR BLVD.
FORT MYERS, FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
REYNAERT, DOUGLAS J
800 W CYPRESS CREEK ROAD, SUITE 470
FORT LAUDERDALE, FL 33309 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASAT
LEGEL, LARRY
800 W CYPRESS CREEK ROAD, SUITE 470
FORT LAUDERDALE, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Legel* LARRY LEGEL AS 4.24.8 954 4938900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #