2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400003289

Entity Name: ECS-FLORIDA, L.L.C.

FILED Feb 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14026 THUNDERBOLT PLACE, SUITE 600 CHANTILLY, VA 20151

Current Mailing Address: New Mailing Address:

14026 THUNDERBOLT PLACE, SUITE 600 CHANTILLY, VA 20151

FEI Number: 20-1067793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition

LUCAS, HENRY L ZENIERIS, PETROS Name: Name: 14026 THUNDERBOLT PLACE, SUITE 600 Address: 200 AVENUE P, SUITE 3 Address: City-St-Zip: CHANTILLY, VA 20151 City-St-Zip: RIVIERA, FL 33404

Title: MGR Title: **PRES** (X) Change () Addition () Delete

FIORILLO, ANTHONY Name: FIORILLO, ANTHONY Name:

Address: 2815 DIRECTORS ROW, SUITE 500 Address: 2815 DIRECTORS ROW, SUITE 500

City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

Title: MGR () Delete Title: **TRES** (X) Change () Addition NEAS, STEVEN L ANDONYADIS, HRISULA Name: Name:

6909 INTERNATIONAL DRIVE, SUITE 103 14026 THUNDERBOLT PLACE, SUITE 600 Address: Address:

City-St-Zip: GRENNSBORO, NC 27409 City-St-Zip: CHANTILLY, VA 20151

() Delete () Change (X) Addition Title: Title: SECR

DEBO, LORIE A Name: Name: 14026 THUNDERBOLT PLACE, SUITE 600 Address: Address:

City-St-Zip: City-St-Zip: CHANTILLY, VA 20151

Title: () Delete Title: MBR () Change (X) Addition

ECKERT, JAMES A Name: Name:

14026 THUNDERBOLT PLACE, SUITE 600 Address: Address:

City-St-Zip: City-St-Zip: CHANTILLY, VA 20151

Title: () Delete Title: () Change (X) Addition

GOEHRING, ROBERT L Name: Name:

Address: Address: 1800 SANDY PLAINS PARKWAY, SUITE 208

MARIETTA, GA 30066 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY FIORILLO **PRES** 02/02/2006