`2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**



FILED May 02, 2005 8:00 am Secretary of State

1. Entity Name	E CAPITAL, LLC		05-02-2005 90	0108 042 ****50.00
PENSACOLA (e of Business Malling Address /3 LUNA DR. 2720 DELMARDR: 1600 VIA DELUNA DR. GO BEACH, FL 32561 PENSACOLA BEACH, FL 32561 GWF BREEZE, FL 32563	33 COLLEGE LLF BREEZE	F. FL 32563	
DO NOT WRITE IN THIS SPACE			04282005 No Chg-LLC FEI Number 59-3695406 Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HIGHTOWER, DAVID E 3 WEST GARDEN ST., STE. 700 PENSACOLA, FL 32501		DO NOT WRITE IN THIS SPACE		
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) DATE				
Filing Fee Is \$50.00 Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR SPRAGUE, GOLDON J 1600 VIA DELUNA DR 2 720 DELMAR DRIVE RENSACOLA, FL 32501 GWF BREEZE, FL 32563		DO NOT W IN THIS SF	
TITLE NAME STREET ADDRESS				

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGEIG MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP