

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90032 028 \*\*\*\*50.00

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<b>DOCUMENT # L01000012090</b> 1. Entity Name <b>ECT PROPERTIES, LLC</b>			
Principal Place of Business <b>14286-19</b> <b>#369</b> <b>JACKSONVILLE, FL 32250 US</b>		Mailing Address <b>14286-19</b> <b>#369</b> <b>JACKSONVILLE, FL 32250 US</b>	
2. Principal Place of Business <b>14286-19 Beach Boulevard</b> Suite, Apt. #, etc. <b>#369</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32250</b> Country <b>US</b>		3. Mailing Address <b>14286-19 Beach Boulevard</b> Suite, Apt. #, etc. <b>#369</b> City & State <b>Jacksonville, FL</b> Zip <b>32250</b> Country <b>US</b>	
4. FEI Number <b>59-3375204</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		04202005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>NOLAN, JAMES A P.A.</b> <b>4114 HERSCHEL ST. ST. JOHNS PROFESSIONAL C</b> <b>STE. 105</b> <b>JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name <b>JAMES A. NOLAN, P.A.</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELTON, B. ALAN 169 CATNIP TRAIL LANDRUM, SC 29356	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKS, GREG 59 TALLWOOD RD JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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.			
<b>SIGNATURE:</b>		<b>JAMES A. NOLAN, AUTHORIZED REPRESENTATIVE</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>4/21/05</b>	Daytime Phone # <b>904-465-3058</b>