


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000012090 | |
| 1. Entity Name ECT PROPERTIES, LLC | |
|  | |
| Principal Place of Business 14286-19 BEACH BLVD #369 JACKSONVILLE, FL 32250 US | Mailing Address 14286-19 BEACH BLVD #369 JACKSONVILLE, FL 32250 US |



01162007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3375204 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent NOLAN, JAMES A P.A. 4114 HERSCHEL ST. ST. JOHNS PROFESSIONAL C STE. 105 JACKSONVILLE, FL 32202 | 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, 2007**

000000597925
01/24/07-80055-022 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MELTON, B. ALAN 169 CATNIP TRAIL LANDRUM, SC 29356 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FRANKS, GREG 59 TALLWOOD RD JACKSONVILLE BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

11. 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 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: Greg Franks 1-18-07 904-612-0558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #