


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-LLC CR2E083 (12/07)

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! .FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

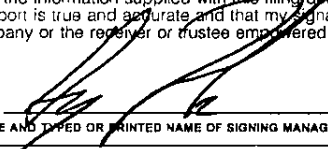
9. MANAGING MEMBERS/MANAGERS

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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03/18/08-80049-010 138.75

**DO NOT WRITE
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 2-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #