2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008873

1. Entity Name

E CAPPER GROUP, LLC



Principal Place of Business Mailing Address

2643 MILLER COURT WESTON, FL 33332 2643 MILLER COURT WESTON, FL 33332 FILED Mar 26, 2007 08:00 AM Secretary of State



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03162007 No Chg-LLC C

CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|-----------------------------------|----------------|
| 75-3047036 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

4N, LAWRENCE A 26 ER COURT W1 FL 33332-1836

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| 8. The ab | d 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 oblig | registered agent. | |
| | C Man - | 2 21-17 |

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE

3-21-01

itle if applicable. (NOTE: Registered Agent signature required when remetating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 U00000678910 04/03/07-80017-008 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|--|---|
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | MGRM MOORMAN, LAWRENCE ALLEN 2643 MILLER COURT WESTON, FL 33332 |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET CITY-S | |
| TITLE NAME STREET ADDRE | |

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11. I hereby contained in Chapter 119, Florida Statutes. I further certify that the information indicated of indicated of indicated finding the same legal effect as if made under oath; that I am a managing member or manager of the similar finding finding finding from the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATUR

A Moorman penber

2-21-07 9

9543778000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytme Phone #