

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000008979**

1. Entity Name  
ECAC, LTD. CO.



Principal Place of Business

931 N. STATE ROAD 434, SUITE 1201-59  
ALTAMONTE SPRINGS, FL 32714

Mailing Address

931 N. STATE ROAD 434, SUITE 1201-59  
ALTAMONTE SPRINGS, FL 32714



05112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0580313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOONS, TERRENCE J  
931 N. STATE ROAD 434, SUITE 1201-59  
ALTAMONTE SPRINGS, FL 32714

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO  
MOONS, TERRENCE J  
931 N STATE ROAD 434, SUITE 1201-59  
ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CFO  
MOONS, MIRIAM E  
931 N STATE ROAD 434, SUITE 1201-59  
ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

000000565457  
05/20/06-80137-001 50.00

**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:**

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

**Terrence J. Moons**

**May 11, 2006**

**407-574-4679**

Date

Daytime Phone #