2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018649

1. Entity Name
ECKMC, L.L.C.

Principal Place of Business
800 NORTH HIGHLAND AVE., STE. 200
ORLANDO, FL 32803 US

Mailing Address
800 NORTH HIGHLAND AVE., STE. 200
ORLANDO, FL 32803 US

04222005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
59-2222001

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**

WILLIAMS, WARREN E
800 NORTH HIGHLAND AVE., STE. 200
ORLANDO, FL 32803

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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, 2005

100000347555
04/30/05-80121-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARLTON, MICHELLE MGRM
STREET ADDRESS	800 N. HIGHLAND AVE.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Michelle Carlton 4/26/05 407-297-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Michelle CARLTON, MgRm