2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # L02000029478 Secretary of State 1. Entity Name ECR. LLC Principal Place of Business 1617 N.E. NAUTICAL PLACE, #908 1617 N.E. NAUTICAL PLACE, #908 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 65-1165543 Not Applicat Zip Country Zid Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSE, ELLEN C Street Address (P.O. Box Number is Not Acceptable) 1617 NE NAUTICAL PL #908 JENSEN BEACH FL 34957 Zip Code City 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Squaliste, typed di prestud name of registered agent **and** line à applicame (NOTE: Registered Agent signature required when reinstating) DAIL FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 16. ADDITIONS/CHANGES [] Change □ ∴ … THE MGR Delete RHE NAME ROSE, ELLEN C NAME U00000418219 02/13/06-80088-007 50.00 STRUCT ADDRESS STREET ADDRESS 1617 N.E. NAUTICAL PL #908 CITY-SI-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Beiete Change □ A#C STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET AUGRESS STREET ADDRESS CITY-\$1-28P CITY-ST-ZIP ☐ Delele TITLE TITLE Ti Channe Ad. MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defeie TITLE TITLE ☐ Change □ Adv NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CRY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change □Æ MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered in execute this report as required by Chapter 508, Florida Statutes

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED

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