

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90066 045 \*\*\*\*\*50.00

**DOCUMENT # L02000034319**

1. Entity Name

**ECR REAL ESTATE, L.L.C.**



Principal Place of Business

**527 NORTH PALO ALTO  
PANAMA CITY FL 32402**

Mailing Address

**527 NORTH PALO ALTO  
PANAMA CITY FL 32402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0660558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**90154156**



6. Name and Address of Current Registered Agent

**ALLAN, CHARLES D  
527 NORTH PALO ALTO  
PANAMA CITY FL 32402**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>STROHMENGER, JAMES M</b>	
STREET ADDRESS	<b>527 NORTH PALO ALTO</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>PRESSER, GREGORY A</b>	
STREET ADDRESS	<b>527 NORTH PALO ALTO</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>DUBUISSON, ROBERT L</b>	
STREET ADDRESS	<b>527 NORTH PALO ALTO</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>RAMEY, SCOTT L</b>	
STREET ADDRESS	<b>527 NORTH PALO ALTO</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>CAZENAVE, CRAIG R</b>	
STREET ADDRESS	<b>527 NORTH PALO ALTO</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, C. GLEN</b>	
STREET ADDRESS	<b>527 NORTH PALO ALTO</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**9-403**

**(850) 747-4905**

CR2E083 (4/03)