2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000006015

FILED Apr 30, 2004 8:00 am Secretary of State

1. Entity Nam	e		ĺ			04-12-200	4 90032 020 **	***50.00	
ECB PROPERTIES, L.C.									
			1						
Principal Place	of Business	Mailing Address							
Principal Place of Business		12873 HUNTLEY MANOR DR.			34004010				
12873 HUNTLEY MANOR DR. JACKSONVILLE FL 32224		JACKSONVILLE FL 32224			9				
				_ [1 FR9((B)) B21 80	ISE IIII GGII GGIN ATI	W Gwill Burg Mill Still Still	enets al III li	
2 Principal P	and of Business	3. Mailing Address							
2. Principal Place of Business		5. Walling Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MO	ORE (CR2E083 (11/03)		
		<u> </u>							
City & State		City & State			4. FEI Number	2007		pplied For	
Zip	Country	Zip	Counti		24-211	3007		lot Applicable	
ZIP	Country	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Count	y	5. Certificate of Stat	tus Desired	S5.00 Ac	Iditional ed	
6. Name and Address of Current Registered Agent					7. Name and Addre	ss of New Reg			
				Name Elegan, C. Baker					
DO	LE, WILLIAM E				P.O. Box Number is N	of Acceptable)			
				12873	HUNTLE		or Bu	.,	
JAC	N3ONVILLE PL		{			<i>)</i>			
			Ì	City Too Va	ionville		FL 4950	geo	
Q. The observe	named entity submits this statement for	i the automa of the point its				on Character Flaci	2000	1614	
	named entity submiss this statement to ions of registered agent.	or the purpose of changing its	registere	d office or register	ed agent, or coin, in i	ne State of Fran	ua. Iam tamilar witi	i. and accept	
CICLUTURE	12 Commerce	Proper / Floans	or C	BAKEr)		4-1	0-04]	
SIGNATURE .	Signature, typed or printed name of registered agent	and one diapplicable. (NOTE	. Registered	Agent signature required	when reinstating)		DATE		
	7	FILE NO)W!!!	EE(IS \$50.00)					
•		Make Check Payabl			nt of State			1	
<i>.</i>		Due	By Ma	y 1, 2004 👙				Ţ	
9. 3	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	Delete	TITLE			,	Change	Addition	
MAME %	ECB PROPERTIES, INC.		NAME	ET ADDRESS				Į.	
CITY-ST-ZIP	12873 HUNTLEY MANOR DR. JACKSONVILLE FL 32224			ST-ZIP					
MILE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	BAKER, ELEANOR C		NAME	:					
STREET ADDRESS	12873 HUNTLEY MANOR DR.	•		et address				1	
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY-	ST-ZIP					
LITTE		Delete	TITLE				Change	Addition	
NAME			NAME	ET ADDRESS	• •			المربوف سيسب بم	
CITY-ST-ZIP				ST-ZIP				1	
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		_ 5,,,,	NAME					{	
STREET ADDRESS	1			ET ADORESS					
CITY-ST-ZIP			CITY	ST-ZIP					
TITLE	1	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP	1		•	- ST- ZIP				ļ	
TITLE		☐ Delete	TITLE	: -			☐ Change	Addition	
NAME	\ \		NAMI	l l	•				
STREET ADDRESS			4	ET AOORESS					
CITY-ST-ZIP	<u></u>			-ST-ZIP	<u>-</u>	·			
11. I hereby	certify that the information supplied wil	th this filing does not qualify to	r the exer	mption stated in Se	ection 119.07(3)(i), Flo	rida Statutes. H	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: Eleanon C. Poaku	4-10-0	4
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNOWS MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE	Date	