

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000006015

1. Entity Name

ECB PROPERTIES, L.C.



Principal Place of Business

12873 HUNTLEY MANOR DR.
JACKSONVILLE FL 32224

Mailing Address

12873 HUNTLEY MANOR DR.
JACKSONVILLE FL 32224



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number **59-3773007**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, ELEANOR C
12873 HUNTLEY MANOR DR.
JACKSONVILLE FL 32224

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 fee payable

(NOTE: Registered Agent's signature required when renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

000000915982
05/12/08-800009-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ECB PROPERTIES, INC.
STREET ADDRESS 12873 HUNTLEY MANOR DR.
CITY- ST- ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE MGRM
NAME BAKER, ELEANOR C
STREET ADDRESS 12873 HUNTLEY MANOR DR.
CITY- ST- ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Eleanor C. Baker*

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

04-21-08 904-223-7783

Date

Call to this on