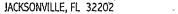
2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1:03000011647 1. Entity Name **EWING CAPITAL PARTNERS, LLC** Principal Place of Business _

FILED Jan 12, 2005 08:00 AM Secretary of State





Mailing Address

50 NORTH LAURA STREET, SUITE 3625

_ 50 NORTH LAURA STREET, SUITE 3625

_ JACKSONVILLE, FL 32202



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number				Applied For
65-1185719				Not Applicable
5. Certificate of Status Desired	П	\$5.0	00	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BISHOP, BENJAMIN C JR. 50 NORTH LAURA STREET, SUITE 3625 JACKSONVILLE, FL 32202

limited liability company or the re

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR

SIGNATURE: 1/2

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am familiar with	1, and accept
SIGNATURE	Signature, typed or printed name of registered agent and fitle if applicable	(NOTE Registered Agent signature required when reinstating) DATE	
	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BISHOP, BENJAMIN C 50 N. LAURA ST. STE. 3625 JACKSONVILLE, FL 32202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, DAVID 50 N. LAURA ST. STE. 3625 JACKSONVILLE, FL 32202	U00000178330 91/12/05-80023-019 50	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, SHAARON 50 N. LAURA ST. STE. 3625 JACKSONVILLE, FL 32202	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filling does not que on this report is true and accurate and that my signature sha billity company of the receiver or trustee empowered to exect	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the all have the same legal effect arrif made under oath; that I am a managing member or manag- ute this report as required by chapter 608, Florida Statutes.	information ger of the