

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT #L03000011647

1. Entity Name
EWING CAPITAL PARTNERS, LLC



Principal Place of Business Mailing Address
50 NORTH LAURA STREET, SUITE 3625 50 NORTH LAURA STREET, SUITE 3625
JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202



01102005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1185719 Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE C
NAME BISHOP, BENJAMIN C
STREET ADDRESS 50 N. LAURA ST. STE. 3625
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE P
NAME JACKSON, DAVID
STREET ADDRESS 50 N. LAURA ST. STE. 3625
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE S
NAME ANDERSON, SHAARON
STREET ADDRESS 50 N. LAURA ST. STE. 3625
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000178330
01/12/05-80023-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Benjamin C Bishop Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *January 10, 2005* Telephone #