

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90050 018 ****50.00

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1. Entity Name
EWING CAPITAL PARTNERS, LLC

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

Mailing Address
**50 NORTH LAURA STREET, SUITE 3625
JACKSONVILLE, FL 32202**

20002825



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

65-1185719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **P** ☒ Change ☐ Addition
NAME **Jackson, David W. Jr.**
STREET ADDRESS **200 S. Tryon St. Suite 700**
CITY-ST-ZIP **Charlotte, NC 28202**

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Benjamin C Bishop Jr.

1/20/2006

904-354-5573

Date

Daytime Phone #