2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L03000011647

Entity Name: EWING CAPITAL PARTNERS, LLC

Current Principal Place of Business:

50 NORTH LAURA STREET, SUITE 3625
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

50 NORTH LAURA STREET, SUITE 3625
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 65-1185719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: C ( ) Delete
Name: BISHOP, BENJAMIN C
Address: 50 N. LAURA ST. STE. 3625
City-St-Zip: JACKSONVILLE, FL 32202

Title: P ( ) Delete
Name: JACKSON, DAVID W JR
Address: 200 S TYRON ST SUITE 700
City-St-Zip: CHARLOTTE, NC 28202

Title: S ( ) Delete
Name: ANDERSON, SHAARON
Address: 50 N. LAURA ST. STE. 3625
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 C 04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date