

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90034 041 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000023615		
1. Entity Name: E C TECHNOLOGIES, LLC		
Principal Place of Business 1020 S. LAKE DRIVE HOLLYWOOD FL 33019		Mailing Address 1020 S. LAKE DRIVE HOLLYWOOD, FL 33019
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SILVERMAN, ADAM J 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134		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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE: _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE: MGR NAME: EPSTEIN, BRYCE E M.D. STREET ADDRESS: 1020 S. SOUTHLAKE DR. CITY-ST-ZIP: HOLLYWOOD, FL 33180		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
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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 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: <u>B. Epstein</u> <u>4-25-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: _____ Telephone: _____		

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01252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
32-0088041Applied For:
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required