


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90023 024 \*\*\*\*55.00

<b>DOCUMENT # L03000057485</b> 1. Entity Name <b>ECS, LLC</b>					
Principal Place of Business <b>1230 SHELTER ROCK RD ORLANDO, FL 32835</b>			Mailing Address <b>1230 SHELTER ROCK RD ORLANDO, FL 32835</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0776889</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHNSON, WILLIAM C 1230 SHELTER ROCK RD ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, WILLIAM C 1230 SHELTER ROCK RD ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENDIK, MILAN K <del>9846 KEENE LAND CIRCLE</del> <del>ORLANDO, FL 32819</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONE, ROBERT E JR 3230 NW 23RD ST CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, KEVIN R 22 DOGWOOD LANE PRINCETON, NJ 08540	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, KEVIN R 22 DOGWOOD LANE PRINCETON, NJ 08540	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, KEVIN R 22 DOGWOOD LANE PRINCETON, NJ 08540	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>William C. Johnson</u> - PRESIDENT/CEO</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>1/5/05</b> Daytime Phone # <b>(407) 319-1366</b>					

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