

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90131 032 ****50.00

DOCUMENT # L04000011176	
1. Entity Name ECG PROPERTIES, LLC	

Principal Place of Business 7117 PELICAN BAY BLVD., #708 NAPLES FL 34108	Mailing Address 7117 PELICAN BAY BLVD., #708 NAPLES FL 34108
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20064110



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 1229 CAPE CORAL PKWY Suite, Apt. #, etc.	3. Mailing Address 1229 CAPE CORAL PKWY Suite, Apt. #, etc.
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City & State CAPE CORAL FL	City & State CAPE CORAL FL	4. FEI Number 56-2434201	Applied For <input type="checkbox"/> Not Applicable
Zip 33904	Country USA	Zip 33904	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DENTI, KEVIN A ESQ CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP 821 FIFTH AVENUE SOUTH, STE. #201 NAPLES FL 34102	7. Name and Address of New Registered Agent Name DAVID GED Street Address (P.O. Box Number is Not Acceptable) 1229 CAPE CORAL PKWY City CAPE CORAL FL FL Zip Code 33904
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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: *Eugene C GED* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE MANAGER	<input type="checkbox"/> Delete
NAME EUGENE C GED	
STREET ADDRESS 1229 CAPE CORAL PKWY	
CITY-ST-ZIP CAPE CORAL FL 33904	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Eugene C GED* **3/21/05 239 540 8270**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #