## 2006 LIMITED LIABILITY COMPANY

## FILED Feb 22, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L04000041043 02-22-2006 90109 010 \*\*\*\*50.00 ECIB OF ORLANDO, LLC Principal Place of Business Mailing Address 13701 N. KENDALL DRIVE 2410 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 SUITE 306 MIAMI, FL 33186 2. Principal Place of Business 5601 UNIVERSAL BIVD Mailing Address Hollywood Blud 01302006 CR2E083 (11/05) Chg-LLC & State PRLANDO Applied For 4. FEI Number State 0R1DA 20-1160585 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMPSON, JULIE Street Address (P.O. Box Number is Not Acceptable) 2410 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM THILE Delete TITLE ☐ Change ■ Addition RUGGERI, ROBERTO NAME NAME STREET ADDRESS 1500 OCEAN DRIVE APT. 703 STREET ADDRESS CITY - ST - ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP MGRM TITLE ☐ Defete TITLE ☐ Change ☐ Addition RUGGERI, RAFFAELE STREET ADDRESS 3167 MARY STREET STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 received rustee empowered execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CiTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUT

☐ Defete

Delete

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