

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000083784**

1. Entity Name

MANCINI DEVELOPMENT ECC, L.C.



Principal Place of Business

1919 NORTHWEST 40TH COURT  
POMPANO BEACH, FL 33064

Mailing Address

6850 19 MILE ROAD  
STERLING HTS., MI 48314 US



01312006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1938679

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANCINI, DANIEL C MGRM  
1919 NORTHWEST 40TH COURT  
POMPANO BEACH, FL 33064

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000440992  
03/03/06-80018-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MANCINI, DANIEL C MGRM
STREET ADDRESS	1919 NW 40TH COURT
CITY- ST- ZIP	POMPANO BEACH, FL 33064
TITLE	MGRM
NAME	MANCINI, STEVE M MGRM
STREET ADDRESS	6850 19 MILE ROAD
CITY- ST- ZIP	STERLING HTS., MI 48314
TITLE	MGRM
NAME	MANCINI, EDWARD A MGRM
STREET ADDRESS	6850 19 MILE ROAD
CITY- ST- ZIP	STERLING HTS, MI 48314
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/1/06

586 739-5210

Date

Daytime Phone #