


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L04000091021</b>   |  |  |
| 1. Entity Name<br>ECCI, LLC  |  |   |
| Principal Place of Business<br>1095 WEST MORSE BOULEVARD<br>WINTER PARK, FL 32789  | Mailing Address<br>1095 WEST MORSE BOULEVARD<br>WINTER PARK, FL 32789                  |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 5. Name and Address of Current Registered Agent<br><br>SCHULTZ, KENNETH H<br>1095 WEST MORSE BOULEVARD<br>WINTER PARK, FL 32789  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>COMMUNITY SUPPORTS, INC.<br>1095 WEST MORSE BOULEVARD<br>WINTER PARK, FL 32789 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |  |   |
| SIGNATURE: <u>Kenneth Schultz</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   |  | Date<br>02/22/06  |
|  |  | Daytime Phone #<br>407-645-3211 x 35  |



02162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3383169

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

UN0000447999  
01/08/06-00073-014 55.00