2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000094136

1. Entity Name
CECO, LLC

Principal Place of Business	Mailing Address
POST OFFICE BOX 1641 DESTIN, FL 32540	POST OFFICE BOX 1641 DESTIN, FL 32540

DO NOT WRITE IN THIS SPACE

04272006No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-2073211	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, CARL T JR.
272 CHIPOLA COVE
DESTIN, FL 32541

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 _____ MGRM   4.27-06
Signature, typed or printed name of registered agent and file if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAMILTON, CARL T JR
STREET ADDRESS	POST OFFICE BOX 1641
CITY-ST-ZIP	DESTIN, FL 32540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/11/06-80121-025 50.00

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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: _____ MGRM   4.27-06   850-259-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #