

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005227

Entity Name: ECHO TRADING CO., LLC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

215 GLENGARRY AVENUE
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

1832 WILDCAT COVE DRIVE
FT. PIERCE, FL 34949

Current Mailing Address:

215 GLENGARRY AVENUE
MELBOURNE BEACH, FL 32951

New Mailing Address:

1832 WILDCAT COVE DRIVE
FT. PIERCE, FL 34949

FEI Number: 22-3905961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HESSEE, CLAUDE T
Address: 215 GLENGARRY AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: MGRM () Delete
Name: HESSEE, PATRICIA A
Address: 215 GLENGARRY AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HESSEE, CLAUDE T
Address: 1832 WILDCAT COVE DRIVE
City-St-Zip: FT. PIERCE, FL 34949 US

Title: MGRM (X) Change () Addition
Name: HESSEE, PATRICIA A
Address: 1832 WILDCAT COVE DRIVE
City-St-Zip: FT. PIERCE, FL 34949 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDE T. HESSEE

MR.

02/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date