

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023924

FILED
Jan 06, 2006
Secretary of State

Entity Name: ENGINEERING & CONSTRUCTION MANAGEMENT, LLC

Current Principal Place of Business:

1811 ENGLEWOOD ROAD
SUITE 300
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

1811 ENGLEWOOD ROAD
SUITE 300
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 20-2470283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOMBS, MARK J
108 PECKHAM STREET S.E.
PORT CHARLOTTE, FL 33952 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: MCCOMBS, MARK J
Address: 108 PECKHAM STREET S.E.
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM () Delete
Name: LAWRENCE, SAMUEL P
Address: P.O. BOX 605
City-St-Zip: PLACIDA, FL 33946 US

Title: MGRM () Delete
Name: MELLOR, VICTOR G
Address: 1190 LARCHMONT DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK JAMES MCCOMBS

PRES

01/06/2006

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