DOCUMENT #1.05000025755

FILED Feb 02, 2006 8:00 am Secretary of State 01-09-2006 90052 016 ****50.00

1. Entity Nan	IVIENT # L030000 LDINGS, L.L.C.	25733						
Principal Place of Business 9360 SUNSET DRIVE, SUITE 245 MIAMI, FL 33173		Mailing Address P.O. BOX 832468 MIAMI, FL 33283-2460	_					
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #. etc.		01062006 Chg-LLC	CR2E083	(11/05)	I
City & State		City & State	City & State		81-0667098	8		pplied For of Applicable
Zip	Country	Zip	Country	у	5. Certificate of Status Desired	Fee	.00 Ad Require	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New	Registered Age	nt	
GONZALE 9360 SUN MIAMI, FL	SET DRIVE, SUITE 245		Street Address		P.O. Box Number is Not Acceptab	le)		
			-	City		FL	Zip Cod	le
8. The above	named entity submits this statementions of registered agent.	nt for the purpose of changing its r	registered	office or register	ed agent, or both, in the State of Fl	orida. I am lami	diar with,	and accept
SIGNATURE	Signature, typed or printed name of regulated a	gent and title if applicable. (NOTE:	: Registered A	Igent signature required	when renessing)	OATE		
	iling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State			
9.	MANAGING MEI	MBERS/MANAGERS	/MANAGERS 10.		ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER OTTO A. GONZALE! Delete 9360 SUNSET DRIVE, SUIZE 245 MINMIFL 33/21			ADORESS 1-21P			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	TAT SIMIL FL 3.	☐ Delate	TITLE NAME	ADDRESS			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET CITY-SI	ADDRESS -			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delette	NAME STREET / CIPY-ST	address 1-zup			Change.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET (ADORESS :			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			NOORESS -ZIP		O	Change	☐ Addition
indicated	certify that the information supplied on this report is true and accurate billity company or the receiver of true	ing that my signature shall have the siee empowered to execute this re	ne same le eport es re	egal effect as if ma equired by Chapte	ada under oath: that I am a manac	ging member or	manage	rolthe



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2006

ECG HOLDINGS, L.L.C. P.O. BOX 832468 MIAMI, FL 33283-2468

Subject: ECG HOLDINGS, L.L.C.

Reference Number:

L05000025755

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION