2008 LIMITED LIABILITY COMPANY

Jan 14, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000025755 1. Entity Name 01-14-2008 90045 039 ***138.75 ECG HOLDINGS, L.L.C. Principal Place of Business Mailing Address 9360 SUNSET DRIVE, SUITE 245 P.O. BOX 832468 MIAMI, FL 33173 MIAMI, FL 33283-2468 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0667098 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, O A DO NOT WRITE 9360 SUNSET DRIVE, SUITE 245 MIAMI, FL 33173 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR GONZALEZ, OTTO A NAME 9360 SUNSET DR SUITE 245 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 accurage 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 recovery of trustee simpowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED