2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # L05000031405 04-20-2006 90036 012 ****50.00 1. Entity Name ECHO ENT. LLC Principal Place of Business Mailing Address **6615 COUNTY ROAD 214** 6615 COUNTY ROAD 214 KEYSTONE HTS. FL 32656 KEYSTONE HTS. FL 32656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4, FEI Number Applied For Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCKER, GORDON W JR. Street Address (P.O. Box Number is Not Acceptable) 6615 COUNTY ROAD 214 KEYSTONE HTS. FL 32656 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE TITLE ☐ Change ☐ Addition Delete NAME TUCKER, PATRICIA B NAME STREET ADDRESS 6615 COUNTY ROAD 214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HTS. FL 32656 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change | TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

CITY - ST- ZIP

3/21/06 (352)475-1923

FILED