




FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 046 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000037783			
1. Entity Name ECHO HOME SAVERS LLC			
Principal Place of Business 1165 37TH AVE. VERO BEACH, FL 32960		Mailing Address 1165 37TH AVE. VERO BEACH, FL 32960	
2. Principal Place of Business 1510 6th Ave.		3. Mailing Address 1510 6th Ave	
Suite, Apt., #, etc. Vero Beach, FL		Suite, Apt., #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32960		Zip 32960	
Country USA		Country USA	
4. FEI Number 14-1940902		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JASON T 1165 37TH AVE. VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Jason T. Smith / MGRM  8/19/06 (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGRM SMITH, BRIAN T 1165 37TH AVE VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGRM SMITH, JASON T 1165 37TH AVE VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.			
SIGNATURE:  Jason T. Smith / MGRM		8/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	