


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000054281</b> 1. Entity Name <b>E &amp; C, LLC</b>	
---	---

Principal Place of Business <b>366 FOSTER LANE BELLEAIR, FL 33756 US</b>	Mailing Address <b>366 FOSTER LANE BELLEAIR, FL 33756 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
--	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>CALLAHAN, MICHAEL P 366 FOSTER LANE BELLEAIR, FL 33756</b>
--

**DO NOT WRITE  
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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**

11000000837508  
04/15/08-80096-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALLAHAN, MICHAEL 366 FOSTER LANE BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/1/08**  
Date

**727-581-9690**  
Daytime Phone #