

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000105924**

1. Entity Name  
ECI ST. JOHNS, LLC



Principal Place of Business  
645 MAYPORT ROAD SUITE 3A  
ATLANTIC BEACH, FL 32233

Mailing Address  
645 MAYPORT ROAD SUITE 3A  
ATLANTIC BEACH, FL 32233

**DO NOT WRITE IN THIS SPACE**

02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
11-3766602

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALLIGOOD, BOB  
645 MAYPORT ROAD SUITE 3A  
ATLANTIC BEACH, FL 32233

**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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ALLIGOOD, BOB  
645 MAYPORT RD., STE 3A  
ATLANTIC BEACH, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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000000630282  
02/19/07-80033-022 55.00

**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.