# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000105937**

1. Entity Name
ECI 1, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 645 MAYPORT ROAD SUITE 3A<br>ATLANTIC BEACH, FL  32233 | 645 MAYPORT ROAD SUITE 3A<br>ATLANTIC BEACH, FL  32233 |

## DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 11-3766593 | 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

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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

**FILE NOW!!!  FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | ALLIGOOD, BOB |
| STREET ADDRESS | 645 MAYPORT RD., STE. 3A |
| CITY-ST-ZIP | ATLANTIC BEACH, FL  32233 |
| TITLE | |
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01/29/08-80057-013 143.75

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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: _____    Bob Alligood    1/22/08    904-241-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #