


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90157 009 \*\*\*\*55.00

<b>DOCUMENT # L05000105951</b>					
1. Entity Name ECI 2, 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 11-3766596				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLGOOD, BOB 645 MAYPORT ROAD SUITE 3A ATLANTIC BEACH, FL 32233			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when representing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS <i>and Managing Member</i>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP Bob Allgood 645 Mayport Rd, Ste. 3A Atlantic Beach, FL 32233		ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 606, Florida Statutes.					
SIGNATURE: <i>Bob Allgood</i>		Date: 1/26/06 (904) 241-0063			

30002400



01172006 Chg-LLC CR2E083 (11/05)



**ATTACHMENT**

30002400

**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

February 3, 2006

ECI 2, LLC  
645 MAYPORT ROAD SUITE 3A  
ATLANTIC BEACH, FL 32233

Subject: ECI 2, LLC

Reference Number: **L05000105951**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT  
30002460

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

ECI 2, LLC  
645 MAYPORT ROAD SUITE 3A  
ATLANTIC BEACH, FL 32233

Subject: ECI 2, LLC

Reference Number: L0500010595

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION