

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000105951

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



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3766596

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

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

9. MANAGING MEMBERS/MANAGERS

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

000000797287
01/29/08-80057-016 143.75

**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]

Bob Alligood

1/22/08

904-241-0063

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