2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)** DOCUMENT # L05000116700 1. Entity Name ECKERT CONSTRUCTION COMPANY, LLC Principal Place of Business Mailing Address 6070 VALHALLA AVENUE PENSACOLA FL 32507 6070 VALHALLA AVENUE PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE City & State City & State 4. FEI Number Zio Country Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECKERT, JAMES A 6070 VALHALLA AVENUE PENSACOLA FL 32507 the obligations of registered agent.

FILED Mar 16, 2006 8:00 am Secretary of State

03-16-2006 90033 024 ****50.00



Street Address (P.O. Box Number is Not Acceptable) Zip Code FI 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 SIGNATURE Signature, typod or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Delete ☐ Channe Addition NAME ECKERT, JAMES A NAME STREET ADDRESS STREET ADDRESS 6070 VALHALLA AVENUE CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP THILE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change _ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: E MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE