


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1
1

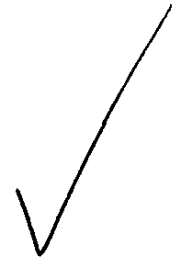
FILED
Mar 14, 2006 8:00 am
Secretary of State

02-08-2006 90088 027 ****55.00

DOCUMENT # L05000123594					
1. Entity Name EC13, 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		4. FEI Number 20-4143741	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLIGOOD, BOB 645 MAYPORT ROAD SUITE 3A ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT L Registered Agent signature required upon reissuance) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		<i>Managing Member</i>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
Bob Alligood 645 Mayport Rd, Ste 3A Atlantic Beach, FL 32233					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		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 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Bob Alligood</i>		2/6/06		(904)241-0063	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOB, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT
30002398



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

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

Subject: ECI 3, LLC

Reference Number: **L05000123594**

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.

/JE
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT
30002398

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

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

Subject: ECI 3, LLC

Reference Number:

L05000123594

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