

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081776

FILED
Apr 29, 2007
Secretary of State

Entity Name: EAGLE CREST ACCOUNTING & SOFTWARE SOLUTIONS, L.C.

Current Principal Place of Business:

P.O. BOX 41496
ST. PETERSBURG, FL 33743

New Principal Place of Business:

5450 14TH AVE NORTH
ST. PETERSBURG, FL 33710

Current Mailing Address:

P.O. BOX 41496
ST. PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 20-5414351 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNE () Change (X) Addition
Name: SELLARS, SHARON E OWNER
Address: 5450 14TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON E. SELLARS

OWNE

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date