2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007
Secretary of State

DOCUMENT# L06000122379

Entity Name: E-CUBED, LC

Current Principal Place of Business:

3114 GARDEN CT.
SAINT CLOUD, 34769

New Principal Place of Business:

3114 GARDEN CT.
SAINT CLOUD, FL 34769

Current Mailing Address:

3114 GARDEN CT.
SAINT CLOUD, 34769

New Mailing Address:

3114 GARDEN CT.
SAINT CLOUD, FL 34769

FEI Number: 03-0613537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SEDDON, KAREN C.
3114 GARDEN CT.
SAINT CLOUD, FL 34769 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: MGRM ( ) Delete
Name: SEDDON, KAREN C.
Address: KAREN C. SEDDON
City-St-Zip: SAINT CLOUD, FL 34769

Title: MGRM ( ) Delete
Name: SEDDON, JOHN M
Address: 3114 GARDEN CT.
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KAREN C. SEDDON MGRM 08/20/2007

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