2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056942

Entity Name: ECI SOUTH FLORIDA, LLC

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

645 MAYPORT ROAD SUITE 3A 645 MAYPORT ROAD

ATLANTIC BEACH, FL 32233 SUITE 3A

ATLANTIC BEACH, FL 32233

Current Mailing Address: New Mailing Address:

645 MAYPORT ROAD SUITE 3A 645 MAYPORT ROAD

ATLANTIC BEACH, FL 32233 SUITE 3A

ATLANTIC BEACH, FL 32233

FEI Number: 26-0263050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACOBS, JEFFREY M JACOBS, JEFFREY M 7191 BELFORT PARKWAY ONE SAN JOSE PLACE SUITE 25

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32256

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: 01/26/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

Name: ECI 7, LLC, Name: Address: 645 MAYPORT ROAD SUITE 3A Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: ALLIGOOD, BOB Name: Address: 645 MAYPORT ROAD SUITE 3A Address: City-St-Zip: ATLANTIC BEACH, FL 32233 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: BOB ALLIGOOD **MGRM** 01/26/2009