

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099870

Entity Name: E CUE ENTERPRISE LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

5021 SOLAR POINT DRIVE  
GREENACRES, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

5021 SOLAR POINT DRIVE  
GREENACRES, FL 33463

## New Mailing Address:

FEI Number: 80-0343329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKS, JAMES E JR  
5021 SOLAR POINT DRIVE  
GREENACRES, FL 33463 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: MGR ( ) Delete  
Name: CUE, ERWIN D  
Address: 1781 NE 2ND COURT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGR ( ) Delete  
Name: BROOKS, JAMES E JR  
Address: 5021 SOLAR POINT DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: MGRM ( ) Delete  
Name: BROOKS, LA DESHIA  
Address: 5021 SOLAR POINT DRIVE  
City-St-Zip: GREENACRES, FL 33463

## ADDITIONS/CHANGES:

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

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: JAMES E. BROOKS JR

MGR

04/30/2009

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