2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# L07000117029

Entity Name: ECX/FL, LLC

Current Principal Place of Business:

5608 NORTH SHORE WAY
PENSACOLA, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

5608 NORTH SHORE WAY
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 14-1928753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYARD, JAMES C
5608 NORTH SHORE WAY
PENSACOLA, FL 32507 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: BYARD, JAMES C
Address: 5608 NORTH SHORE WAY
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGRM ( ) Delete
Name: BYARD, JANET M
Address: 5608 NORTH SHORE WAY
City-St-Zip: PENSACOLA, FL 32507 US

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

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: AUGUSTINE, THOMAS J
Address: 4387 MUNDY LANE
City-St-Zip: PACE, FL 32571

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 C BYARD MGRM 02/28/2009

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