FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90046 027 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000628

10103175

1. Entity Name
E-COTT CONSTRUCTION SERVICES, L.C.

Principal Place of Business	Mailing Address
15622 CYPRESS PARK DR. WELLINGTON, FL 33414	15622 CYPRESS PARK DR. WELLINGTON, FL 33414

2. Principal Place of Business	3. Mailing Address
215 SOUTH OLIVE AVENUE	515 N. FLAGLER DRIVE
Suite, Apt. #, etc.: SUITE 102	Suite, Apt. #, etc.: STE. 1900
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0760450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL J. KENNEDY, ESQ.
515 N. FLAGLER DRIVE, STE. 1900
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 04/30/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EACOTT, JAMES H 70 GRIFFIN ROAD SOUTH BLOOMFIELD, CT 06002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COTTER, TONY 15622 CYPRESS PARK DR. WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 04/30/03 (860) 242-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #