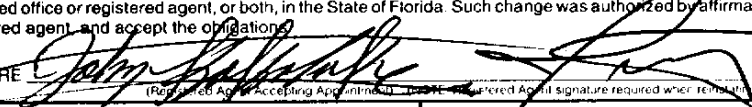
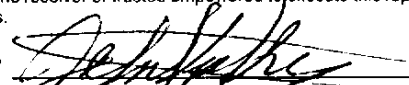


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company 201 ECS ASSOCIATES, LLC 201 E. CENTER ST. TARPON SPRINGS FL 34689		DOCUMENT # L98000003351		
2. Principal Place of Business S/A/A Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address S/A/A Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/22/1998
				3a. State of Formation FL
		4. FEI Number 59-3556494		☐ Applied For ☐ Not Applicable
		5. Date of Last Report		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent KOKOLAKIS, JOHN 103 BUENA VISTA DR. DUNEDIN FL 34698		8. Name and Address of New Registered Agent/Office Name Joseph J. Kokolakis Street Address (P.O. Box Number is Not Acceptable) 201 E. Center Street Suite, Apt. #, etc. City Tarpon Springs Zip Code FL 34689		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations. SIGNATURE  DATE 2-23-99				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	KOKOLAKIS, JOHN	103 BUENA VISTA DR.		DUNEDIN FL
MGRM	KOKOLAKIS, PAGONA	103 BUENA VISTA DR.		DUNEDIN FL
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  John Kokolakis 02/23/99 (727) 942-2211				

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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