2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000003351

1. Entity Name
201 ECS ASSOCIATES, LLC

Principal Place of Business	Mailing Address
202 EAST CENTER ST STE A TARPON SPRINGS, FL 34689	202 EAST CENTER ST STE A TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3556494	Not Applicable

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

6. Name and Address of Current Registered Agent

KOKOLAKIS, JOSEPH J
202 EAST CENTER ST
STE A
TARPON SPRINGS, FL 34689

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

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KOKOLAKIS, JOHN
STREET ADDRESS	103 BUENA VISTA DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	MGRM
NAME	KOKOLAKIS, PAGONA
STREET ADDRESS	103 BUENA VISTA DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80237-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _JOHN KOKOLAKIS_   1/12/86   727 942-2211

_{SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #}