2001 UNIFORM BUSINESS REPORT (UBR)											0004261
DOCUMENT # L9900000447											
EC STOCK GROUP, L.L.C.						FILED					Ą
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Principal Place 2062 BLUE V NAVARRE FL		Mailing Address 2062 BLUE VIEW COURT NAVARRE FL 32566				SECRETARY OF STATE					
					Í						
2. Principal Place of Business 3. Mailing Address											
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Sta	te	City & State				4. FEI Number 59-3549320 Applied For Not Applicable					]
Zip	Country	Zip	Count	try		5. Certi	ficate of Status Desired	5.00 Fee Re	Addition	<u> </u>	1
	6. Name and Address of Current F	egistered Agent		hlama		7. Nam	e and Address of New Reg				
LUDWIG, PAMELA É											
2062 BLUE VIEW COURT				Street Address (P.O. Box Number is Not Acceptable)							1
NAVARRE FL 32566				City Zip Code							4
9 The shows	named entity submits this statement for										$\frac{1}{2}$
		the purpose of changing its r	egistere	o once o	, ,	u ageni, i	or both, in the State of Florid	12.			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	Agent signal	ture required w	hen reinstati	ng)	DATE			
	:	FILE NO Make Check Pay				State					
9.			10.		1		ADDITIONS/CH				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edmondson, Linda 2406 Tall Pines Lane Hillsborough NC 27278	C) Delete	Delete țitle Nami Stre			500004037955 -04/23/01-01003- *****55.00 *****			1UI	3	E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete					Luig, Pamela E St Change □ Addi buig, Pamela E oz Blue View Ct. Warre FL 32566					CR2E(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELCH, TIM 875 FROG POND ROAD HIAWASSEE GA 30546	Delete			mais	rm shi T sti M	in larlowe Dr. eville, GA 30		ge 门	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP	Poe	RM, GO BL	ry ie view Ct. FL 325100	Char	ge 🔀	Addition	
TITLE NAME STREET ADD SS CITY-ST-ZIP	i i	Delete		T ADDRESS	220	ondec		C) Chan	ge 🕅	Addition	
TITLE NAME STREET ADDRESS	•	Delete		T ADDRESS				Chan	pe 🗋	Addition	
CITY-ST-ZIP 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 of the receiver or trustee in powered to execute this report as required by Chapter 608, Florida Statutes. (866) SIGNATURE: Interview of the same of signification member, MANAGER, or Authorized REPRESENTATIVE Late Date Degline Phone #											