

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2002 8:00 am
Secretary of State

DOCUMENT # M01000002449

1. Entity Name

ECAA, L.L.C.
 7-CORPORATE CENTER COURT, SUITE B
 GREENSBORO, NC 27408

07-21-2002 90014 046 ****50.00

Principal Place of Business

Mailing Address

7-CORPORATE CENTER COURT, SUITE B
 GREENSBORO, NC 27408

7-CORPORATE CENTER COURT, SUITE B
 GREENSBORO, NC 27408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407-C PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

407-C PARKWAY

Suite, Apt. #, etc.

City & State

GREENSBORO, NC

Zip

27401

Country

UNITED STATES

City & State

GREENSBORO, NC

Zip

27401

Country

UNITED STATES

4. FEI Number 56-2271513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.
 369 N. NEW YORK AVENUE, 3RD FLOOR
 WINTER PARK FL 32789

DEPARTMENT OF STATE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

GREENSBORO, NC 27408
 7-CORPORATE CENTER COURT, SUITE B

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME ANDERSON, KATHY L
 STREET ADDRESS 7-CORPORATE CENTER COURT, SUITE B
 CITY-ST-ZIP GREENSBORO NC 27408 ☐ Delete

TITLE MEMBER
 NAME JAMES E. HUFFSTICKLER
 STREET ADDRESS 1700 ADRIAN PLACE, SUITE 111
 CITY-ST-ZIP CHARLOTTE, N.C. 28209 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS 407-C PARKWAY
 CITY-ST-ZIP GREENSBORO, NC 27401 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-17-02 704-522-0456

CR2E083 (4/02)

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