

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2004 8:00 am
Secretary of State

06-04-2004 90271 032 ****50.00

DOCUMENT # M01000002449

1. Entity Name
ECAA, L.L.C.



Principal Place of Business
**407 C PKWY
GREENSBORO NC 27401**

Mailing Address
**407 C PKWY
GREENSBORO NC 27401**

04000111



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2223 Astor Street
Suite, Apt. #, etc.

3. Mailing Address
2223 Astor Street
Suite, Apt. #, etc.

City & State
Orange Park, FL
Zip
32073
Country
USA

City & State
Orange Park, FL
Zip
32073
Country
USA

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**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, KATHY L 407-C PKWY GREENSBORO NC 27401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUFFSTICKER, JAMES G 1700 ABBEY PLACE STE 111 CHARLOTTE NC 28209	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Anderson, Kathy L. 2223 Astor Street Orange Park, FL 32073	☒ 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

7-7-04

904-541-1927

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

Date

Daytime Phone #

CR2E083 (4/03)