

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001177

FILED
Apr 05, 2004
Secretary of State

Entity Name: ECK-ST. JOSEPH MO, LLC

Current Principal Place of Business:

450 SO. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 32802

New Mailing Address:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

FEI Number: 01-0720751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RALSTON, GARY M
Address: 450 SO. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: HABICHT, KEVIN B
Address: 450 SO. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: ANGELO, BERNARD J
Address: 445 BROAD HOLLOW ROAD SUITE 23
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ANGELO, BERNARD J
Address: 445 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY M. RALSTON

MGR

04/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date