


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90333 023 \*\*\*\*55.00

|  |  |  |
|--|--|--|
| <b>DOCUMENT # M04000000569</b>   |  |         |
| 1. Entity Name<br>ECG MARKETING, LLC   |  |  |
| Principal Place of Business<br>1746 NE MIAMI GARDENS DRIVE, SUITE 319<br>NORTH MIAMI BEACH, FL 33179 |  | Mailing Address<br>1746 NE MIAMI GARDENS DRIVE, SUITE 319<br>NORTH MIAMI BEACH, FL 33179 |

**60047404**



|  |  |  |  |
|--|--|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>1814 NE Miami Gardens Dr<br>Suite, Apt. #, etc.<br>#1200<br>City & State<br>North Miami Beach, FL<br>Zip<br>33179<br>Country<br>US |  | 3. Mailing Address<br>1814 NE Miami Gardens Dr<br>Suite, Apt. #, etc.<br>#1200<br>City & State<br>North Miami Beach, FL<br>Zip<br>33179<br>Country<br>US |  |
|--|--|--|--|

04302007 Chg-LLC CR2E083 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0645946 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
|----------------------------------|--|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>CORPDIRECT AGENTS, INC.<br>515 E. PARK AVE.<br>TALLAHASSEE, FL 32301 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WAGNER, KEVIN<br>1746 NE MIAMI GARDENS DRIVE, SUITE 319<br>NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1814 NE Miami Gardens Dr, #1200<br>North Miami Beach, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** 

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

Kevin Wagner

Date

Daytime Phone #

4-30-07 305-935-0002