

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90168 004 ****50.00

DOCUMENT # M04000004278

1. Entity Name
ELECTRONIC COMMERCE PARTNERS, LLC



Principal Place of Business
**11621 KEW GARDENS AVE.
SUITE 210
PALM BEACH GARDENS, FL 33410**

Mailing Address
**11621 KEW GARDENS AVE.
SUITE 210
PALM BEACH GARDENS, FL 33410**

20045947



2. Principal Place of Business
3300 PGA Blvd.

3. Mailing Address
3300 PGA Blvd

Suite, Apt. #, etc.
Suite 430

Suite, Apt. #, etc.
Suite 430

05162006 Chg-LLC CR2E083 (11/05)

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens FL

4. FEI Number
90-0196562

Applied For
☐ Not Applicable

Zip
33410

Country
USA

Zip
33410

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**REICH, DOUG
11621 KEW GARDENS AVE.
SUITE 210
PALM BEACH GARDENS, FL 33410**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
REICH, DOUG
STREET ADDRESS
11621 KEW GARDENS AVE.
CITY-ST-ZIP
PALM BEACH GARDENS, FL 33410

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Change ☐ Addition
NAME
Reich, Doug
STREET ADDRESS
3300 PGA Blvd. Suite 430
CITY-ST-ZIP
Palm Beach Gardens, FL 33410

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #