

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90425 048 \*\*\*\*50.00

DOCUMENT # M04000005099

1. Entity Name  
ECIB OF DELRAY LLC



Principal Place of Business  
2410 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

Mailing Address  
2410 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020

20010946



2. Principal Place of Business  
**110 E. ATLANTIC AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**2455 HOLLYWOOD BLVD**  
Suite, Apt. #, etc.  
**SUITE 204**

01302006 Chg-LLC CR2E083 (11/05)

City & State  
**DELRAY BEACH, FLORIDA**  
Zip  
**33444**  
Country  
**USA**

City & State  
**HOLLYWOOD FLORIDA**  
Zip  
**33020**  
Country  
**USA**

4. FEI Number  
65-1236098  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RUGGERI, ROBERTO  
2410 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLDSTEIN, BRUCE M  
2410 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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: Robert Ruggeri ROBERTO RUGGERI 2/13/06 954-927-3464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #