


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # M05000000079
 1. Entity Name
 E.C. MALONE COMPANY, LLC



Principal Place of Business 439 DORY STREET JACKSON, MS 39201	Mailing Address 439 DORY STREET JACKSON, MS 39201
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1405222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
 WEJDYLA, KIMMIE
 2550 N PALAFOX ST
 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000860485
 04/02/08-80064-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MALONE, E. CORNELL 439 DORY STREET JACKSON, MS 39201
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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: *Kimmie Wejdyla* Roman C. Malone VP 3/12/08 601-352-5940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE D daytime Phone #