### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # M06000006012

1. Entity Name ECBM, LLC

Principal Place of Business

15740 W. 108TH STREET LENEXA, KS 66219 Mailing Address

15740 W. 108TH STREET LENEXA. KS 66219

## FILED Jan 17, 2007 8:00 am Secretary of State

01-17-2007 90048 003 \*\*\*\*50.00



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CR2E083 (11/05)

4. FEI Number Applied For 20-3188940 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BATTING, WILLIAM 8040 OLD PALAFOX STREET PENSACOLA, FL 32534

# 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.	, , , , ,

SIGNATI IDE

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 May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNETT, CE 15740 W. 108TH STREET LENEXA, KS 66219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REW, C JOHN 15740 W. 108TH STREET LENEXA, KS 66219
TITLE NAME STREET ADDRESS CITY-ST-2!P	MGRM COLVIN, MICHAEL 5218 S. NATIONAL DRIVE KNOXVILLE, TN. 37914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTING, WILLIAM 8040 OLD PALAFOX ST.
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PENSACOLA, FL. 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ce Paw

C.E. BARRETT

1-5-07

913-888-0034

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

Date

Daytime Phone #