

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006012

FILED
Jan 16, 2009
Secretary of State

Entity Name: ECBM, LLC

Current Principal Place of Business:

15740 W. 108TH STREET
LENEXA, KS 66219

New Principal Place of Business:

Current Mailing Address:

15740 W. 108TH STREET
LENEXA, KS 66219

New Mailing Address:

FEI Number: 20-3188940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTING, WILLIAM
8040 OLD PALAFOX STREET
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNETT, CE
Address: 15740 W. 108TH STREET
City-St-Zip: LENEXA, KS 66219

Title: MGRM () Delete
Name: REW, C JOHN
Address: 15740 W. 108TH STREET
City-St-Zip: LENEXA, KS 66219

Title: MGRM () Delete
Name: COLVIN, MICHAEL
Address: 5218 S NATIONAL DR
City-St-Zip: KNOXVILLE, TN 37914

Title: MGRM () Delete
Name: BATTING, WILLIAM
Address: 8040 OLD PALAFOX ST
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. JOHN REW

MGRM

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date