

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004234

Entity Name: ECBM-PC, LLC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

15720 WEST 108TH, SUITE 200  
LENEXA, KS 66219

**New Principal Place of Business:**

**Current Mailing Address:**

15720 WEST 108TH, SUITE 200  
LENEXA, KS 66219

**New Mailing Address:**

FEI Number: 26-0445422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: REW, C. JOHN TRUSTEE  
Address: 15720 WEST 108TH, SUITE 200  
City-St-Zip: LENEXA, KS 66219

Title: MGRM ( ) Delete  
Name: COLVIN, MICHAEL  
Address: 503 SADDLE RIDGE DRIVE  
City-St-Zip: KNOXVILLE, TN 37922

Title: MGRM ( ) Delete  
Name: BATTING, WILLIAM  
Address: 2392 RESERVATION ROAD  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete  
Name: BEACHBOARD, DWIGHT  
Address: 302 SOUTH SILVER  
City-St-Zip: PAOLA, KS 66071

**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