
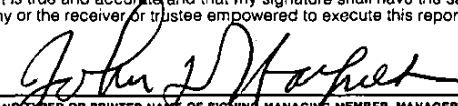


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90180 014 ****50.00

DOCUMENT # M96000000339 1. Entity Name EASTERN CONSOLIDATED SYSTEMS LC					
Principal Place of Business 170 KITTY HAWK AVE. AUBURN, ME 04210			Mailing Address 170 KITTY HAWK AVE. AUBURN, ME 04210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172006 Chg-LLC CR2E083 (11/05) 4. FEI Number 01-0500090	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PULIZZI, RICHARD 2558 CONGRESS STREET FT. MYERS, FL 33901			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYNES, JOHN D 37 RAFNELL STREET AUBURN, ME 04210	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager John D. Haynes 170 Kitty Hawk Avenue Auburn, ME 04211-1390
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		John D. Haynes		1/17/06	207-784-1507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

ATTACHMENT 206691646
#M9600000339
ISAACSON & RAYMOND
ATTORNEYS AND COUNSELORS AT LAW

February 15, 2006
Certified Mail, Return Receipt

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Eastern Consolidated Systems LC

Gentlemen:

Enclosed please find the following for filing in connection with the above-noted entity:

- (1) 2006 Limited Liability Company Annual Report;
- (2) The check of ECS Limited Liability Company in the amount of \$50.00 for the filing fee.

Very truly yours,


PHILIP M. ISAACSON
ISAACSON & RAYMOND

PMI:sc.haynes.ecsllc.florida021506.doc

Enclosures

cc: Eastern Consolidated Systems LC

PHILIP M. ISAACSON