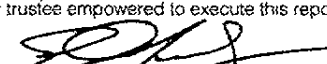


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                                                                                                                         |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # A02000001355</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                        |         |
| 1. Entity Name<br><b>E&amp;C CAPITAL PARTNERS, LLLP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                                                                         |         |
| Principal Place of Business<br><b>110 E. BROWARD BLVD., 14TH FLOOR<br/>FORT LAUDERDALE FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                         |         | Mailing Address<br><b>P.O. BOX 029006<br/>FORT LAUDERDALE FL 33302</b>                                                                  |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | City & State                                                                                                                            |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country | Zip                                                                                                                                     | Country |
| 4. FEI Number<br><b>56-2313480</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | \$8.75 Additional Fee Required                                                                                                          |         |
| 6. Name and Address of Current Registered Agent<br><b>THOMPSON, DONALD E II<br/>2255 GLADES ROAD, SUITE 340-W<br/>BOCA RATON FL 33341-7360</b>                                                                                                                                                                                                                                                                                                                                              |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |         |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                   |         | DATE                                                                                                                                    |         |
| 9. Capital Contributions as Shown on record. <b>\$500,000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |         | 10. Amount of Capital Contributions in FLORIDA to date.                                                                                 |         |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                         |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                 |         |                                                                                                                                         |         |
| 12. GENERAL PARTNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 13. ADDRESS CHANGES ONLY                                                                                                                |         |
| DOCUMENT # <del>A02000001355</del> <b>P02-100659</b><br>NAME <b>E&amp;C CAPITAL VENTURES, INC.</b><br>STREET ADDRESS <b>2255 GLADES ROAD, SUITE 340-W</b><br>CITY-ST-ZIP <b>BOCA RATON FL 33341-7360</b>                                                                                                                                                                                                                                                                                    |         | STREET ADDRESS<br>CITY-ST-ZIP<br><b>U000000087194</b><br><b>03/15/04 00001 010 526.25</b>                                               |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | STREET ADDRESS<br>CITY-ST-ZIP                                                                                                           |         |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes |         |                                                                                                                                         |         |
| SIGNATURE:  <b>President, E&amp;C Capital Ventures, Inc. a G.P. 1/28/04 954725574</b>                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                                         |         |

STAPLE CHECK HERE