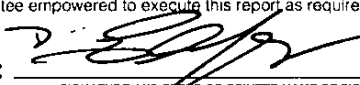


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000001355 1. Entity Name E&C CAPITAL PARTNERS, LLLP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 24 AM 9:39	
Principal Place of Business 110 E. BROWARD BLVD., 14TH FLOOR FORT LAUDERDALE, FL 33301				Mailing Address P.O. BOX 029006 FORT LAUDERDALE, FL 33302			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent THOMPSON, DONALD E II 2255 GLADES ROAD, SUITE 340-W BOCA RATON, FL 33341-7360				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 56-2313480			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable.				300049555033 03/31/05--01005--001 **141.25			
9. Capital Contributions as Shown on record. \$500,000.00				10. Amount of Capital Contributions in FLORIDA to date. 1,000 -			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # P02000010065 NAME E&C CAPITAL VENTURES, INC. STREET ADDRESS 2255 GLADES ROAD, SUITE 340-W CITY-ST-ZIP BOCA RATON, FL 333417360				STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 333417360			
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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:  EDWARD LESPEDES				MANAGING MEMBER 3/7/05 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # 954-7655948			

STAPLE CHECK HERE