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

03042005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 56-2313480 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, DONALD E II 2255 GLADES ROAD, SUITE 340-W BOCA RATON, FL 33341-7360	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______ Signature, typed or printed name of registered agent and title 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	STREET ADDRESS	
NAME	E&C CAPITAL VENTURES, INC.		
STREET ADDRESS	2255 GLADES ROAD, SUITE 340-W	CITY-ST-ZIP	~~03/31/05--01005--001 **141.25~~
CITY-ST-ZIP	BOCA RATON, FL 333417360		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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: [signature] MANAGING MEMBER 3/7/05 954-7695948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

EDWARD CESPEDES