2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

000470 AV

DOCUMENT # A02000001355

1. Entity Name
E&C CAPITAL PARTNERS, LTD.

FILED
03 APR 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
2255 GLADES ROAD. SUITE 340-W BOCA RATON FL 33341-7360	2255 GLADES ROAD. SUITE 340-W BOCA RATON FL 33341-7360

2. Principal Place of Business	3. Mailing Address
110 E. Broward Blvd	P.O. Box 029006
Suite, Apt. #, etc.: 14th Floor	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33301 Country: USA	Zip: 33302 Country: USA

4/29

DUE BY MAY 1, 2003

4. FEI Number: 562313480 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$500,000.00	None	

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.	CITY-ST-ZIP	
STREET ADDRESS	2255 GLADES ROAD, SUITE 340-W		
CITY-ST-ZIP	BOCA RATON FL 33341-7360		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600017235476
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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 REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #