

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A0200000169

1. Entity Name
 ECH ENTERPRISES, LTD.



FILED

2004 JAN 27 AM 11:09

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Principal Place of Business
 3890 TURTLE CREEK DRIVE, SUITE B
 PORT ORANGE, FL 32127

Mailing Address
 3890 TURTLE CREEK DRIVE, SUITE B
 PORT ORANGE, FL 32127



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 Suite B

Suite, Apt. #, etc.
 Suite B

01072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
 68-0487589

Applied For
 Not Applicable

Zip Country

Zip Country

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

FRIEBIS, DANIEL S
 3890 TURTLE CREEK DRIVE, SUITE B
 PORT ORANGE, FL 32127

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.

DATE

9. Capital Contributions as Shown on record. \$3,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # L02000002886
 NAME MANAGEMENT ADVISORS, L.L.C.
 STREET ADDRESS 3890 TURTLE CREEK DRIVE, SUITE B
 CITY-ST-ZIP PORT ORANGE, FL 32127

STREET ADDRESS

Suite B (ALL ELSE IS SAME)

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100028696581
 02/13/04 - 01000 - 021 - 44526.25

DOCUMENT #
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STREET ADDRESS

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: X *[Signature]*

DANIEL S. FRIEBIS
 G.P.

1/7/04

386-788-6057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #