2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0200000169 05 FEB -9 AM 11: 26 ECH ENTERPRISES, LTD. Principal Place of Business Mailing Address 3890 TURTLE CREEK DRIVE, SUITE B 3890 TURTLE CREEK DRIVE, SUITE B PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 68-0487589 Not Applicable Country Country Zip_ \$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIEBIS, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 3890 TURTLE CREEK DRIVE, SUITE B PORT ORANGE, FL 32127 City 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, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,500,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # L02000002886 STREET ADDRESS Not B - (NAME MANAGEMENT ADVISORS, L.L.C. 3890 TURTLE CREEK DRIVE, SUITE BOD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE, FL 32127 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **800045707198** 02/16/05--01007--014 ***52 DOCUMENT # STREET ADDRESS STREET ADDRESS 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 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 path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to be countries report as required by Chapter 620, Florida Statutes SIGNATURE: OF SIGNING GENERAL PARTNER

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