


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB -9 AM 11:26

**DOCUMENT # A0200000169**

1. Entity Name  
**ECH ENTERPRISES, LTD.**



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
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*Handwritten initials*



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

01112005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>68-0487589</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, SUITE B PORT ORANGE, FL 32127</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> 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. <b>\$3,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
L02000002886 MANAGEMENT ADVISORS, L.L.C. <i>H.</i> 3890 TURTLE CREEK DRIVE, SUITE B PORT ORANGE, FL 32127	<i>Suite B not B-1</i>
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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]* GP 1-11-05 386-316-978

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