

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005971 AT

DOCUMENT # A02000000169

1. Entity Name
ECH ENTERPRISES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -1 AM 9:34

Principal Place of Business
**3890 TURTLE CREEK DRIVE, SUITE B-1
PORT ORANGE FL 32127**

Mailing Address
**3890 TURTLE CREEK DRIVE, SUITE B-1
PORT ORANGE FL 32127**



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
68-0487589

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DUE BY MAY 1, 2003

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-1
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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-1**
CITY-ST-ZIP **PORT ORANGE FL 32127**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**400018462664
07/01/03--01038--006 **88.75**

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CITY-ST-ZIP

**400018462664
05/07/03--01094--017 **137.50**

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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 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: **DANIEL S. Friebis** Member 1-2-2003 386-788-6057

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

CR2E003 (10/02)