

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000001123		
1. Entity Name ECS MANAGEMENT LIMITED PARTNERSHIP		

Principal Place of Business 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431	Mailing Address 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431
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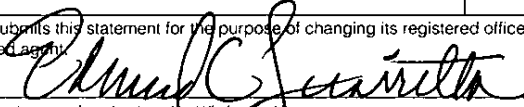
2. Principal Place of Business 945 NW 6th AVE	3. Mailing Address 945 NW 6th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04192006 Chg-LP CR2E003 (11/05)

City & State BOCA RATON FLA	City & State BOCA RATON FLA	4. FEI Number 510475366	Applied For Not Applicable
Zip 33432	Country PALM BEACH	Zip 33432	Country PALM BEACH
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent SCIARETTA, STEVEN A ESQUIRE 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name EDMUND C. SCIARETTA Street Address (P.O. Box Number is Not Acceptable) 945 NW 6th AVE City BOCA RATON FL 33432	
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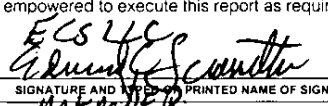
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/24/06

**FILE NOW!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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	L02000027811 ECS LLC 2300 GLADES ROAD SUITE 302-EAST BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP	945 NW 6th AVE BOCA RATON FLA 33432
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: By  GENERAL PARTNER	DATE 4/24/06 DAYTIME PHONE # 561-392-4640