

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # A03000001123	
1. Entity Name ECS MANAGEMENT LIMITED PARTNERSHIP	
Principal Place of Business 945 N.W. 6TH AVE BOCA RATON, FL 33432	Mailing Address 945 N.W. 6TH AVE BOCA RATON, FL 33432



02122007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0475366	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 SCIARETTA, EDMUND C 945 N.W. 6TH AVE BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT #	L02000027811
NAME	ECS LLC
STREET ADDRESS	945 N.W. 6TH AVE
CITY - ST - ZIP	BOCA RATON, FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000727298
05/04/07-80041-025 500.00

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: <i>Chris Staudt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	4/5/07 561-445-1616 Date Daytime Phone #

STAPLE CHECK HERE