2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A03000001123

1. Entity Name

ECS MANAGEMENT LIMITED PARTNERSHIP



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

945 N.W. 6TH AVE BOCA RATON, FL 33432 Mailing Address

945 N.W. 6TH AVE BOCA RATON, FL 33432



DO NOT WRITE IN THIS SPACE

01202008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 51-0475366

Applied For Not Applicable

5. Certificate of Status Desired

\$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

DO NOT WRITE IN THIS SPACE

The above named entity submits this statemen	nt for the purpose of changing its	registered office or register	red agent, or both, in the State of Floric	a. I am familiar with, and accept
the obligations of registered agent.				

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 | U00000898101 |4/25/08-80075-013 500.00

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.

3					
12.	2. GENERAL PARTNER INFORMATION				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L02000027811 ECS LLC 945 N.W. 6TH AVE BOCA RATON, FL 33432				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
; 14. I hereby certify that the information supplied with this filing does not qualify for					

DO NOT WRITE IN THIS SPACE

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:

UGNATURE AND TYPED ON PROITED NAME OF RIGHING GENERAL PARTNE

MAR

yldae

561-392-4640