

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11702

1. Entity Name
ECL INVESTMENTS, LTD.



Principal Place of Business
5505 RIVER ROAD
CAMILLA GA 31730

Mailing Address
5505 RIVER ROAD
CAMILLA GA 31730

FILED

03 FEB -4 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 59-2153727		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

CLARK, JOHN R
4467 FRANCES DRIVE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

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

DATE

9. Capital Contributions
as Shown on record. \$3,393,939.30

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 #	NAME	STREET ADDRESS	
NAME	FOGG, E.C., III	CITY-ST-ZIP	
STREET ADDRESS	5505 RIVER ROAD		
CITY-ST-ZIP	CAMILLA GA		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FOGG, LISBETH	CITY-ST-ZIP	
STREET ADDRESS	5505 RIVER ROAD		
CITY-ST-ZIP	CAMILLA GA		
DOCUMENT #	NAME	STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: SIGNATURE REQUIRED E.C. Fogg III

Date

Daytime Phone #

229-336-8834

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CR2E003 (10/02)

STAPLE CHECK HERE