2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE CHECK HERE

DUE BY MAY 1, 2007				_
DOCU 1. Entity Nam	MENT # A21340			
ECHO RE	EALTY, LTD.			FILED
Principal Plac	ee of Business	Mailing Address		- 07 MAY 24 AM 9: 42
1216 S.W. 8TH STREET 8 WINDFLOWER PLACE MIAMI FL 33135 DURHAM NC 27705-1957				SECRETARY OF STATE FALL AMARAGEMENT AND A SECRETARY OF STATE
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8 2 9 5.W. 8 STREET				-
Suite, Apt. #, etc. Suite, Apt. #, etc.				1st MOORE CR2E003 (10/06)
City & State MIAMI, FLORIDA City & State				4. FEI Number Applied For S9-2609604 Not Applicable
3313			country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
MCDANIEL, JOHN RANDOLPH, JR. 1216 S.W. 8TH STREET MIAMI FL 33135				P.O. Box Number is Not Acceptable) S.W. 8 57REST, 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 D.				DATE .
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
				nt must be filed to change a general partner.
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME			STREET ADDRESS	~~~4~~~~~~
STREET ADDRESS CITY - ST - ZIP	MCDANIEL, ATHENA M. 8 WINDFLOWER PLACE DURHAM NC 27705-1957		CITY ST ZIP	600103702986 06/01/0701017005 **508.75
DOCUMENT#			STREET ADDRESS	
NAME STRIET ADDRESS CITY-ST-ZIP	MCDANIEL, JOHN RANDOLPH 8 WINDFLOWER PLACE DURHAM NC 27705-1957	•	CITY-S1-ZIP	
DOCUMENT#	DOM IAM 140 21703-1937		STREET ADDRESS	
STREET ADDRESS** CITY+ST-ZIP	MCDANIEL, CAROLINE M. 8 WINDFLOWER PLACE DURHAM NC 27705-1957		CITY - ST - 7IP	
DOCUMENT # NAME	MCDANIEL, GREGORY S.	- 1	STREET ADDRESS	
STREET ADDRESS CHY-ST-ZIP	8 WINDFLOWER PLACE DURHAM NC 27705-1957		CITY - ST - ZIP	
DOCUMENT / NAME	}		STREET ADDRESS	•
STREET ADDRESS CHY-ST-ZIP			CITY SI-ZIP	
NAME -		l l	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	(K).
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 25 APRIL 2007 (919) 382-8339				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone #				