2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Jan 20, 2005 08:00 AM Secretary of State

DOCUMENT # A9500000500 1. Enlity Name EC WAREHOUSE INVESTMENT, LTD.					Secretary of State			
Principal Place of Business 1450 MADRUGA AVE. SUITE 303 CORAL GABLES, FL 33146		Mailing Address 1450 MADRUGA AVE. SUITE 303 CORAL GABLES, FL 33146			 	 		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Sulte, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062005	Chg-LP	CR2E003	(10/03)
City & Stat	e	City & State			4. FEI Number 65-058696	36	<u></u>	Applied For Not Applicable
Zip	Country	Zip	Count	ry	5. Certificate of S			3.75 Additional
	6. Name and Address of Curr	ent Registered Agent		N	7. Name and Add	iress of New R		
	COSCULLUELA, EUGENIO J JR.			Name				
SUITE 303			ļ	Street Address (P.O. Box Number is Not Acceptable)				
CORAL GA	ABLES, FL 33146							
9. The chaus			<u> </u>	City			<u>FL</u>	Zip Code
the obligati	named entity submits this statement ions of registered agent.	nt for the purpose of changing	its registered	d office or register	red agent, or both, in	the State of Flo	rīda. I am fam	iliar with, and accept
SIGNATURE -	Signature, typed of printed name of registored a	and and life if and and						
9. Capital Co. as Shown o	ntributions \$1,000.00	10. Amount of Cal		ations		<u> </u>	DATE	
	NOTE: General Partners	R THAT IS A BUSINESS I MAY NOT be changed on	ENTITY MU the form;	JST BE REGIST an amendmen	it must be filed to	change a ge	neral partne	;r
	12. GENERAL PARTNER INFORMATION DOCUMENT # P9500025336					ADDRESS CHA	NGES ONLY	
NAME	EC WAREHOUSE INVESTMENT, INC.			ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1450 MADRUGA AVE., STE. CORAL GABLES, FL 33146	303	CITY-S	ST-ZIP				
DOCUMENT # NAME			STREET	T ADDRESS	n		90002-01 90002-01	04 141.25
STREET ADDRESS — CITY-ST-ZIP			CITY-S	ST-ZIP		AC LOCAL COM	<u> </u>	W 1 2 1 1 2 1 2 2
DOCUMENT #			STREET	TADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		40-		
DOCUMENT # NAME	· · · · · · · · · · · · · · · · · · ·	· -= 	STREET	T ADDRESS				
STREET AODRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			STREET	T ADDRESS			_	
			CITY - 8	ST-ZIP				
DOCUMENT #			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-5					
14. I hereby c indicated the receiv	ertify that the information supplied on this report is true and accurate er or trustee empowered to execut	with this filing does not qualify and that my signature shall have a this report as required by Ch	for the exemi ve the same apter 620, Fl	iption stated in Sei legal effect as if m orida Statutes	otion 119 07(3)(i), Flo nade under oath, that	orida Statutes. I t I am a General	further certify Partner of the	that the information limited partnership or
SIGNAT	URE: WALL	EUSENID C	ادرء	Ivela		105	305)6	62-6840