

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**98 DEC 21 PM 1:04**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  HAYNES-MELANSON REAL ESTATE LIMITED PARTNERSHIP	<b>1a. DOCUMENT #</b> A96000001688
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<b>2. Mailing Address</b> 8961 FORK DRIVE NORTH FORT MYERS FL 33903	<b>2a. Principal Office Address</b> 8961 FORK DRIVE NORTH FORT MYERS FL 33903	<b>3. Date Formed or Registered</b> 09/10/1996	<b>5a. Capital Contributions as Shown on record.</b> \$4,500.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>3a. Date of Last Report</b> 12/15/97	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$4,500.00
City & State	City & State	<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 65-0110964
Zip	Country	Country	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>			<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b>  SNELL, MARY V 1833 HENDRY STREET FORT MYERS FL 33901	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>  ECS LIMITED LIABILITY COMPANY	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 170 KITTY HAWK AVE	<b>11b. City, State &amp; Zip Code</b> AUBURN ME 04210	<b>11c. Registration/Document Number</b> M96000000339  200002735032--3 -01/08/99--01090--017 ***141.25 ***141.25
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

ECS LIMITED LIABILITY COMPANY

SIGNATURE John D. Haynes DATE 12/8/98  
 Typed or Printed Name of General Partner Signing Form John D. Haynes Daytime Telephone Number 207-784-1507

CFR2E003 (8/98)