

2001 UNIFORM BUSINESS REPORT (UBR)

0014834 AF

DOCUMENT # A96000001688

1. Entity Name

HAYNES-MELANSON REAL ESTATE LIMITED PARTNERSHIP

FILED

01 JUN 12 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8961 Fork Drive North Ft. Myers 33903		Mailing Address 8961 FORK DRIVE NORTH FORT MYERS FL 33903	
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 65-0110964	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

7. Name and Address of New Registered Agent

Snell, Mary V.
1833 Hendry Street
Fort Myers, FL 33901

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$4,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$4,500.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	M96000000339	STREET ADDRESS	3000004418483-7
NAME	ECS LIMITED LIABILITY COMPANY	CITY-ST-ZIP	-06/28/01--01006--006
STREET ADDRESS	170 KITTY HAWK AVE.		****141.25 ****141.25
CITY-ST-ZIP	AUBURN ME 04210		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify 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.

SIGNATURE: John D. Haynes DATE: 2/9/01 DAYTIME PHONE: 207-784-1507

CR2E003 (1/1/00)