

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001688

1. Entity Name
HAYNES-MELANSON REAL ESTATE LIMITED PARTNERSHIP



Principal Place of Business _____ Mailing Address _____
8961 FORK DRIVE 8961 FORK DRIVE
NORTH FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33903



2. Principal Place of Business _____ 3. Mailing Address _____
Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

02152005 Chg-LP CR2E003 (10/03)

City & State _____ City & State _____

4. FEI Number **65-0110964** Applied For _____
Not Applicable

Zip _____ Country _____ Zip _____ Country _____

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SNELL, MARY V
1833 HENDRY STREET
FORT MYERS, FL 33901

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. **\$4,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$4,500.00**

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

DOCUMENT # **M96000000339**
NAME **ECS LIMITED LIABILITY COMPANY**
STREET ADDRESS **170 KITTY HAWK AVE.**
CITY-ST-ZIP **AUBURN, ME 04210**

13. ADDRESS CHANGES ONLY

STREET ADDRESS _____
CITY-ST-ZIP _____ **03/23/05-80056-005 141.25**

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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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)(f), 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.

ECS LIMITED LIABILITY COMPANY

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John D. Haynes 2/15/05 207-784-1507

Date

Daytime Phone #

STAPLE CHECK HERE