

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001688**

1. Entity Name  
**HAYNES-MELANSON REAL ESTATE LIMITED PARTNERSHIP**



Principal Place of Business  
**8961 FORK DRIVE  
NORTH FORT MYERS, FL 33903**

Mailing Address  
**8961 FORK DRIVE  
NORTH FORT MYERS, FL 33903**



01162006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0110964**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000440151  
03/02/06-80030-009 500.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**ECS LIMITED LIABILITY COMPANY**

**SIGNATURE:**

*John D. Haynes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**John D. Haynes**

**1/17/06**

Date

**207-784-1507**

Daytime Phone #

STAPLE CHECK HERE