

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A96000001688

1. Entity Name

HAYNES-MELANSON REAL ESTATE LIMITED
PARTNERSHIP



FILED

03 MAR -6 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80001 TALLAHASSEE, FLORIDA
03/04/03--01099--012 **141.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8961 Fork Drive

Suite, Apt. #, etc.

3. Mailing Address

8961 Fork Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY: MAY 1

City & State

North Fort Myers, FL

Zip

33903

Country

Lee

City & State

North Fort Myers, FL

Zip

33903

Country

Lee

4. FEI Number

65-0110964

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mary V. Snell

Street Address (P.O. Box Number is Not Acceptable)

1833 Hendry Street

City

Fort Myers

FL

Zip Code
33901

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

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 AVENUE
CITY-ST-ZIP AUBURN, ME 04210

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/11/03

207-784-1507

Date

Daytime Phone #

CR2E003B (12/02)