

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002314 AV

DOCUMENT # A99000000824



1. Entity Name
THE ECE PROPERTIES LIMITED PARTNERSHIP

FILED

03 MAR -6 PM 3: 26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 13060 LERIDA STREET CORAL GABLES FL 33156	Mailing Address 13060 LERIDA STREET CORAL GABLES FL 33156
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 59-1871020	Applied For <input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHMAN, SCOTT G ESQ
19 W FLAGLER STREET
14TH FLOOR
MIAMI FL 33130**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P99000038133
NAME	ECE REALTY, INC.
STREET ADDRESS	13060 LERIDA STREET
CITY-ST-ZIP	CORAL GABLES FL 33156
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/03 01002 012 *4526.25

CR2E003 (10/02)

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

SIGNATURE: *Michael E. H...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-2003 **3052841119**
Date Daytime Phone #