2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

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STAPLE CHECK

SIGNATURE:

FILED **DOCUMENT # B04000000448** 06 MAY 22 PM 2: 25 1. Entity Name **ELECTRONIC COMMERCE PARTNERS HOLDINGS** GROUP, L.P. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 11621 KEW GARDENS AVE. 11621 KEW GARDENS AVE. SUITE 210 SUITE 210 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address 3300 PGA Blvd. 3300 PG-A Suite, Apt. #, etc. Suite, Apt. #, etc. 05162006 Chg-LP CR2E003 (11/05) Suite State Beach 4. FELNumber Applied For Ben Gardens bardens, 80-0120761 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33410 USA 3410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REICH, DOUG Street Address (P.O. Box Number is Not Acceptable) 11621 KEW GARDENS AVE. SUITE 210 PALM BEACH GARDENS, FL 33410 City 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 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 prior notice. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. M04000004278 DOCUMENT # STREET ADDRESS NAME ELECTRONIC COMMERCE PARTNERS, LLC STREET ADDRESS 11621 KEW GARDENS AVE. CITY-ST-7IP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP City-St-7iP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME FIREET ADDRESS CITY-ST-ZIP 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

RINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #