2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

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FILED **DOCUMENT #B04000000449** 06 MAY 22 PM 2: 25 **ELECTRONIC COMMERCE PARTNERS ACQUISITION** FUND I, LP 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 3300 PGA Blud Suite, Apt. #, etc Suite, Apt. #, etc. 05162006 CR2E003 (11/05) Chg-LP <u>Suite</u> 4. FEI Number Applied For Gardens Palm Beech Gardens H 90-0196578 Not Applicable Beach \$8.75 Additional 5. Certificate of Status Desired USA 33410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12, 13. B04000000448 DOCUMENT / STREET ADDRESS Suite 430 ELECTRONIC COMMERCE HOLDINGS GROUP, LP NAME STREET ADDRESS 11621 KEW GARDENS AVE. CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 ISTREET ADDRESS CITY-ST-ZIP -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

NTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

Date