## 2005 LIMITED LIABILITY COMPANY

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## FILED Apr 16, 2005 08:00 AM Secretary of State

P	NNUAL	REPORT	
DOCUMENT # M	04000004	278	7

1. Entity Name

ELECTRONIC COMMERCE PARTNERS, LLC Mailing Address Principal Place of Business

11621 KEW GARDENS AVE. SUITE 210

PALM BEACH GARDENS, FL 33410

11621 KEW GARDENS AVE. SUITE 210 PALM BEACH GARDENS, FL 33410



04112005No Chg-LLC

CR2E083 (10/03)

4. FE! Number 90-0196562 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REICH, DOUG 11621 KEW GARDENS AVE. **SUITE 210** PALM BEACH GARDENS, FL 33410

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	named entity submits this statement for the purpose of challons of registered agent.	angling its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or phyliad name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005	<u> विस्तरिक्षण विश्वतिकार के इसमार्थ के प्रमाणिक के लिए हैं है </u>
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	REICH, DOUG	<b>,</b>
STREET ADDRESS	11621 KEW GARDENS AVE.	しまっというかいと
מול בד. אום	DALM DEACH CARDENS EL 22/10	100000310336

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability sompany or the experience of the liability somp

SIGNATURE:

CITY-ST-ZIP

DOUG REIGH ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561-622-9343