

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A00000000016

1. Entity Name

N43, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:44

Principal Place of Business

8890 WEST OAKLAND PARK BLVD., SUITE 2
FORT LAUDERDALE FL 33351

Mailing Address

8890 WEST OAKLAND PARK BLVD., SUITE 2
FORT LAUDERDALE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0972431

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, ROBERT W JR., ESQ
C/O FRAZIER, HOTTE & ASSOCIATES, P.A.
2400 EAST COMMERCIAL BLVD., SUITE 826
FT. LAUDERDALE FL 33308

Name
Frazier, Robert W Jr., ESQ
C/O Frazier, Hotte & Assoc. P.A.
Suite 220
6550 North Federal Hwy.
Fort Lauderdale, FL 33308

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.
accept the obligations of registered agent.

(a. I am familiar with, and

SIGNATURE

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # M89579
NAME ECHION U.S.A., INC.
STREET ADDRESS 8890 WEST OAKLAND PARK BLVD., SUITE 201
CITY-ST-ZIP FORT LAUDERDALE FL 33351

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

500074620755
05/15/06--01035--004 **508.75

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE