


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000000016			
1. Entity Name N43, LTD.			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number 65-0972431		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR. C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 6550 N FEDERAL HWY SUITE 220 FT. LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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 # NAME STREET ADDRESS CITY - ST - ZIP	M89579 ECHION U.S.A., INC. 8890 WEST OAKLAND PARK BLVD., SUITE 201 FORT LAUDERDALE FL 33351	STREET ADDRESS CITY - ST - ZIP	U00000665345 03/23/07-80025-001-508.75
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STAPLE CHECK HERE

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 #

03/02/07 (954) 749-8980