


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 9:43

<b>DOCUMENT # A02000000965</b>		
1. Entity Name <b>INAW AT DELRAY, LTD.</b>		

Principal Place of Business <b>8890 W. OAKLAND PARK BLVD., STE. 201 FT LAUDERDALE FL 33351</b>	Mailing Address <b>8890 W. OAKLAND PARK BLVD., STE. 201 FT LAUDERDALE FL 33351</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number <b>06-1645080</b>		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 <b>FRAZIER, ROBERT W JR ESQ FRAZIER, HOTTE &amp; ASSOCIATES, P.A. 2400 E. COMMERCIAL BLVD., STE. 826 FT LAUDERDALE FL 33308</b>		7. Name and Address of New Registered Agent <b>Frazier, Robert W Jr., ESQ C/O Frazier, Hotte &amp; Assoc. P.A. Suite 220 6550 North Federal Hwy. Fort Lauderdale, FL 33308</b>

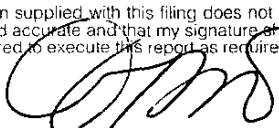
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M89579 ECHION U.S.A., INC. 8890 W. OAKLAND PARK BLVD., STE. 201 FT LAUDERDALE FL 33351</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>900074621139 05/15/06--01035--013 **508.75</b>
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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: <b>3/16/06</b> Daytime Phone #