


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

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

<b>DOCUMENT #</b> 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
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E003 (10/06)

<b>6. Name and Address of Current Registered Agent</b> FRAZIER, ROBERT W JR FRAZIER, HOTTE & ASSOCIATES, P.A. 6550 N FEDERAL HWY, SUITE 220 FT LAUDERDALE FL 33308		<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

**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	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	M89579 ECHION U.S.A., INC. 8890 W. OAKLAND PARK BLVD., STE. 201 FT LAUDERDALE FL 33351	<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	U000000665360 03/23/07-80025-012 508.75
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</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 19, 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

03/02/07 (954) 788-8880

Date

Daytime Phone #