


# 2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2007 APR 25 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000246		
1. Entity Name INAW AT OSCEOLA, LTD.		

Principal Place of Business 8890 WEST OAKLAND PARK BLVD., SUITE 201 FORT LAUDERDALE, FL 33351	Mailing Address 8890 WEST OAKLAND PARK BLVD., SUITE 201 FORT LAUDERDALE, FL 33351
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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



04172007 REIN-LP CR2E100 (1/07)

4. FEI Number 57-1153682	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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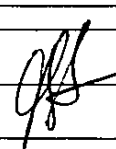
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR., ESQ C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip	
		0550 N. Federal Hwy Suite 220 Fort Lauderdale FL 33308	

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.	
SIGNATURE ROBERT W. FRAZIER Jr. Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)	DATE 4/17/07

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	
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REINSTATEMENT 06-07

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 4/17/07	Daytime Phone #
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STAPLE CHECK HERE