


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A03000001169 1. Entity Name IAFW AT THE SPEEDWAY, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 18 AM 11:24

Principal Place of Business 8890 WEST OAKLAND PARK BLVD., SUITE 2 FT. LAUDERALE FL 33351	Mailing Address 8890 WEST OAKLAND PARK BLVD., SUITE 2 FT. LAUDERALE FL 33351
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[Handwritten signature]



1ST MOORE CR2E003 (10/04)

4. FEI Number NO-T APPLICABLE		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, ESQ. C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAS COMMERCIAL BLVD., SUITE 826 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

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

11. FILE NOW!!! - Due by May 1, 2005
 See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	STREET ADDRESS	
NAME	ECHION U.S.A., INC.	CITY-ST-ZIP	
STREET ADDRESS	8890 WEST OAKLAND PARK BLVD., SUITE 201		
CITY-ST-ZIP	FT. LAUDERALE FL 33351		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

[Handwritten signature]
 DANIEL HOTTE 3/15/05 954.748
 8990

Date

Daytime Phone #