

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001169

1. Entity Name
IAFW AT THE SPEEDWAY, LTD.



Principal Place of Business 8890 WEST OAKLAND PARK BLVD., SUITE 201 FT. LAUDERALE, FL 33351	Mailing Address 8890 WEST OAKLAND PARK BLVD., SUITE 201 FT. LAUDERALE, FL 33351
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DO NOT WRITE IN THIS SPACE

02272007 No Chg-LP CR2E003 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input 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

ADDRESS CHANGE

*6530 N. FEDERAL HWY 220
FORT LAUDERDALE 33308*

**DO NOT WRITE
IN THIS SPACE**

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.

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05/04/07--01047--008 **508.75

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT #	M89579
NAME	ECHION U.S.A., INC.
STREET ADDRESS	8890 WEST OAKLAND PARK BLVD., SUITE 201
CITY-ST-ZIP	FT. LAUDERDALE, FL 33351

DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 #

STAPLE CHECK HERE