

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



05 MAR 18 AM 11:22

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	56-245150	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		Name
FRAZIER, ROBERT W JR.,ESQ C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE FL 33351		Street Address
		City

7. Name and Address of New Registered Agent	
.O. Box Number is Not Acceptable)	
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 _____
Signature, typed or printed name of registered agent and title if applicable

DATE _____

9. Capital Contributions as Shown on record.	\$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info

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

ADDRESS CHANGES ONLY

100049197331
03/25/05--01056--011 **167.50

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

11/2

Daytime Phone # _____