

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A04000001131

1. Entity Name

DWFSC, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:13

Principal Place of Business
8890 WEST OAKLAND PARK BOULEVARD
SUITE 201
FORT LAUDERDALE FL 33351

Mailing Address
8890 WEST OAKLAND PARK BOULEVARD
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

55-0876368

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, ROBERT W JR ESQ
FRAZIER, HOTTE & ASSOCIATES, P.A.
2400 EAST COMMERCIAL BOULEVARD SUITE 826
FORT LAUDERDALE FL 33308

Name
Frazier, Robert W Jr., ESQ
C/O Frazier, Hotte & Assoc. P.A.
Suite 220
6550 North Federal Hwy.
Fort Lauderdale, FL 33308

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. 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

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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

DOCUMENT # A27346
NAME ETTOH, LTD.
STREET ADDRESS 8890 W. OAKLAND PARK BOULEVARD, SUITE 201
CITY-ST-ZIP FORT LAUDERDALE FL 33351

STREET ADDRESS

CITY-ST-ZIP

900075560969
05/31/06 01034 003 **500.75

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STREET ADDRESS

CITY-ST-ZIP

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