


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

<b>DOCUMENT # A04000001536</b> 1. Entity Name <b>IAW PLANTATION, LTD.</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**05 MAR 18 AM 10:38**

Principal Place of Business <b>8890 WEST OAKLAND PARK BOULEVARD          SUITE 201          FORT LAUDERDALE FL 33351</b>	Mailing Address <b>8890 WEST OAKLAND PARK BOULEVARD          SUITE 201          SUNRISE FL 33351</b>
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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



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>51-0525860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FRAZIER, ROBERT W JR ESQ          FRAZIER, HOTTE &amp; ASSOCIATES, P.A.          2400 EAST COMMERCIAL BOULEVARD, SUITE 826          FORT LAUDERDALE FL 33308</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

9. Capital Contributions as Shown on record. <b>\$40,000.00</b>	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. ADDRESS CHANGES ONLY
DOCUMENT # <b>M89579</b> NAME <b>ECHION USA, INC.</b> STREET ADDRESS <b>8890 W. OAKLAND PARK BOULEVARD, SUITE 201</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	STREET ADDRESS CITY-ST-ZIP
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**500049196975**  
 03/25/05--01056--006 \*\*377.50

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:**  **DANIEL HORNE** 3/14/05 954-749-8980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE