


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

<b>DOCUMENT # A04000001536</b>		
1. Entity Name <b>IAW PLANTATION, LTD.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 24 AM 9:44

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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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*[Handwritten signature]*

1st MOORE CR2E003 (10/05)

4. FEI Number <b>51-0525860</b>				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 <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 <b>Frazier, Robert W Jr., ESQ C/O Frazier, Hotte &amp; Assoc. P.A. Suite 220 6550 North Federal Hwy. Fort Lauderdale, FL 33308</b>	

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent and I, the undersigned, accept the obligations of registered agent.  
SIGNATURE *[Handwritten signature]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M89579 ECHION USA, INC. 8890 W. OAKLAND PARK BOULEVARD, SUITE 201 SUNRISE FL 33351</b>	STREET ADDRESS CITY-ST-ZIP	
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**200074620862**  
05/15/06--01035--005 \*\*\$08.75

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

*[Handwritten signature]* **DANIEL HOTTE** 3/6/06 954-745-0624

Date

Daytime Phone

STAPLE CHECK HERE