

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # A04000001536

1. Entity Name:

IAW PLANTATION, LTD.



Principal Place of Business

8890 WEST OAKLAND PARK BOULEVARD
SUITE 201
FORT LAUDERDALE FL 33351

Mailing Address

8890 WEST OAKLAND PARK BOULEVARD
SUITE 201
SUNRISE FL 33351



1st MOORE

CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0525860

Applied For

Not Applicable

Zip

Country

Zip

Country

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
FRAZIER, HOTTE & ASSOCIATES, P.A.
6550 N FEDERAL HWY STE 220
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 fee application.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 # M89579
NAME ECHION USA, INC.
STREET ADDRESS 8890 W. OAKLAND PARK BOULEVARD, SUITE 201
CITY-ST-ZIP SUNRISE FL 33351

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

11000000862191
04/03/08-80038-021 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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

Signature Phone #

Daniel Hotte 3/13/08

STAPLE CHECK HERE