

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000000992

1. Entity Name
QUINCY - IAWA, LTD.



Principal Place of Business
**8890 W. OAKLAND PARK BLVD., STE. 201
FT. LAUDERDALE, FL 33351**

Mailing Address
**8890 W. OAKLAND PARK BLVD., STE. 201
FT. LAUDERDALE, FL 33351**



04182007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1139615

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRAZIER, ROBERT W JR.
C/O FRAZIER, HOTTE & ASSOCIATES, P.A.
6550 NORTH FEDERAL HIGHWAY, SUITE 220
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

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

DOCUMENT #
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000000727739
05/04/07-80061-003 508.75

**DO NOT WRITE
IN THIS SPACE**

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