

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

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A06000000723</b><br>1. Entity Name<br><b>DASSETT FL CITY, LTD.</b> |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                         |                                                                                             |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>8890 W. OAKLAND PARK BLVD., SUITE 201<br/>FT. LAUDERDALE FL 33351</b> | Mailing Address<br><b>8890 W. OAKLAND PARK BLVD., SUITE 201<br/>FT. LAUDERDALE FL 33351</b> |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|



|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

1st MOORE CR2E003 (10/07)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>33-1140851</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>FRAZIER, ROBERT W JR.<br/>C/O FRAZIER, HOTTE &amp; ASSOCIATES, P.A.<br/>6550 N. FEDERAL HIGHWAY, SUITE 220<br/>FT. LAUDERDALE FL 33308</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and if not applicable, Date.</small> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

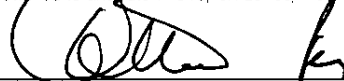
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                              |
|---------------------------------|----------------------------------------------|
| DOCUMENT #                      | <b>M89579</b>                                |
| NAME                            | <b>ECHION U.S.A., INC.</b>                   |
| STREET ADDRESS                  | <b>8890 W. OAKLAND PARK BLVD., SUITE 201</b> |
| CITY-ST-ZIP                     | <b>FT. LAUDERDALE FL 33351</b>               |
| DOCUMENT #                      | <b>L01000001254</b>                          |
| NAME                            | <b>GADINSKY REAL ESTATE, LLC</b>             |
| STREET ADDRESS                  | <b>1680 MICHIGAN AVENUE SUITE 1001</b>       |
| CITY-ST-ZIP                     | <b>MIAMI BEACH FL 33139</b>                  |
| DOCUMENT #                      |                                              |
| NAME                            |                                              |
| STREET ADDRESS                  |                                              |
| CITY-ST-ZIP                     |                                              |
| DOCUMENT #                      |                                              |
| NAME                            |                                              |
| STREET ADDRESS                  |                                              |
| CITY-ST-ZIP                     |                                              |
| DOCUMENT #                      |                                              |
| NAME                            |                                              |
| STREET ADDRESS                  |                                              |
| CITY-ST-ZIP                     |                                              |
| DOCUMENT #                      |                                              |
| NAME                            |                                              |
| STREET ADDRESS                  |                                              |
| CITY-ST-ZIP                     |                                              |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |

U00000889444  
04/08/08-80049-010 500.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                        |                     |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|
| <b>SIGNATURE:</b>  <b>03/19/08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date</small> | <small>Tracking Phone #</small> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|

STAPLE CHECK HERE